



NOTICE/AGENDA

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES COUNCIL MEETING

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This is a Zoom and teleconference meeting only. There is no physical location being made available to the public. Per [EXECUTIVE ORDER N-29-20](#), teleconferencing restrictions are waived during the COVID-19 pandemic. Therefore, committee members are not required to list their remote locations and members of the public may participate telephonically or by Zoom from any location. Accessible formats of all agenda and materials can be found online at www.scdd.ca.gov.

JOIN ZOOM MEETING: <http://bit.ly/SCDDCouncilJan2021>

MEETING ID: **976 1888 5737**

OR

JOIN BY TELECONFERENCE: (VOICE ONLY)

CALL IN NUMBER: **(888) 475-4499**

MEETING ID and PASSCODE: **976 1888 5737, code 083104**

DATE: January 26, 2021

TIME: 10:30 A.M. – 3:30 P.M. with midday lunch break

COUNCIL CHAIR: Wesley Witherspoon

Item 1. CALL TO ORDER

Item 2. ESTABLISH QUORUM

Item 3. SWEARING IN OF NEW COUNCILMEMBER

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Item 4. WELCOME AND INTRODUCTIONS

Item 5. 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 6. APPROVAL OF DECEMBER 2020 MINUTES

All


Page 5**Item 7. CHAIR REPORT**

Wesley Witherspoon, Council Chair

Page 13

Item 8. EXECUTIVE DIRECTOR REPORT AND STAFF REPORTS

Page 21

Aaron Carruthers, SCDD Executive Director

A. Deputy Director of Administration Report

B. Deputy Director of Policy and Public Affairs Report

C. Deputy Director of Regional Office Operations Report

D. CRA/VAS Report

E. QA Project Update Report

Item 9. STATEWIDE SELF-ADVOCACY NETWORK (SSAN) REPORT

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SCDD SSAN Representative

Item 10. MEMBER SPOTLIGHT

Page 58

Kara Ponton and Aubyn Stahmer

Item 11. 2021 GOVERNOR'S PROPOSED BUDGET

Page 59

Brian Winfield, Department of Developmental Services

LUNCH BREAK**Item 12. CYCLE 44 GRANT: REQUEST FOR PROPOSALS**

SCDD State Plan Committee and Staff


Page 107**Item 13. SPOTLIGHT FOCUS: COVID VACCINE UPDATES & DISCUSSION**

Page 108

Aaron Carruthers, SCDD Executive Director,

Andy Imperato, DRC Executive Director, and invited DHCS Guests

Item 14. COMMITTEE REPORTS

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- A. Legislative and Public Policy Committee
 - B. Self-Advocates Advisory Committee
-

Item 15. NEXT MEETING DATE AND ADJOURNMENT

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Next Meeting: March 23, 2021

Accessibility:

Pursuant to Government Code Sections 11123.1 and 11125(f) and Executive Order N-29-20 (this Executive Order can be found by clicking the link on page one of the agenda or typing <https://www.gov.ca.gov/wp-content/uploads/2020/03/3.17.20-N-29-20-EO.pdf> into your web browser), 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 Charlotte Endres at (916) 263-8184 or charlotte.endres@scdd.ca.gov. *Please provide at least 3 business days prior to the meeting to allow adequate time to respond to all requests.*

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

JANUARY 26, 2021

**AGENDA ITEM 3
INFORMATION ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Swearing in of New Councilmembers

Executive Director Aaron Carruthers will swear in newly appointed Councilmembers. This is a ceremonial tradition for the Council.

JANUARY 26, 2021

AGENDA ITEM 6

ACTION ITEM

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Approval of December 2020 Minutes

The draft minutes from the December 2020 Council meeting have been included in the packet for review. Councilmembers will vote on whether to approve the minutes.

Attachment

December 1, 2020 Council meeting minutes

Action Recommended

Approve the December 2020 Minutes.



**Draft Council Meeting Minutes
December 1, 2020**

<u>Members Present</u>	<u>Members Absent</u>	<u>Others Attending</u>
Andy Imparato Aubyn Stahmer Brian Winfield Cindy Chiu David Pegos (F.A.) Francis Lau (F.A.) Jeana Eriksen (S.A.) Joseph Rodrigues Joyce McNair (F.A.) Julie Austin (F.A.) Julie Neward (F.A.) Julio Garnica (S.A.) Kara Ponton (S.A.) Karen Millender (F.A.) Kilolo Brodie (F.A.) Kim Rothschild (F.A.) Larry Yin Lee Bycel (F.A.) Maria Marquez (S.A.) Matthew Lagrand (S.A.) Nick Wavrin Nicole Adler (S.A.) Olivia Raynor Richard Nelson Rosie Ryan (S.A.) Sandra Aldana (S.A.) Wesley Witherspoon (S.A.)	Marko Mijic <u>Others Attending</u> Aaron Carruthers Alicia & Kim – captioners Amy Kalivas Anthony DeSalis Arturo Cazares Barry Jardini Beth Hurn Brian Weisel Bridget Kolakosky Carolyn Obringer Catherine Lhamon Charlotte Endres Chaz Nickolaus Chris Arroyo Cindy Smith Connie Chu Curt Child Daintry Bartoldus Debra Wallace Darlene Dupree Darryl Powell David Grady Dena Hernandez Dennis Dizon Dominique Mills Douglas Sale Gail Forrest Holly Bins Holly Dean	<u>(Continued)</u> Janet Fernandez Judi Muirhead Julie Hillstead Katherine Sanders Kelcie Kopf Kiriko Takahashi Lea Park-Kim Lisa Hooks Mark Klaus Mary Agnes Nolan Mary Ellen Stives Mary Lee Matt Mouer Riana Hardin Rihana Ahmad Robin Maitino-Erben Ross Long Santa Perez Sarah May Sarah Wasiak Scarlett von Thenen Sheraden Nicholau Steve Geiber Sonya Bingaman Tamica Foots-Rachal Tania Morawiec Tricia Kokes Vic Wursten Vivian Haun William Hatton Yolanda Cruz

1. CALL TO ORDER

Council Chair Maria Marquez called the meeting to order at 9:35 A.M.

2. ESTABLISH QUORUM

A quorum was established.

3. WELCOME AND INTRODUCTIONS

Councilmembers and others in attendance introduced themselves.

4. PUBLIC COMMENTS

There was no public comment.

5. APPROVAL OF SEPTEMBER 2020 MINUTES

Action 1

It was moved/seconded (Witherspoon [S.A.]/Pegos [F.A.]) and carried to approve the September 2020 Council meeting minutes. (See minutes page 6 for the voting record of members present.)

6. 2020-2021 CHAIR AND VICE CHAIR ELECTIONS

W&I Code Section 4535(b) requires the Council to elect its Chairperson and Vice Chairperson by a majority vote. The terms of office are for January 2021 through December 2022. Candidate nominations were made by the Nominating Committee, which met in October 2020. There were no nominations from the floor. Candidates were considered as follows (in alphabetical order):

Chair

Matthew Lagrand

Maria Marquez

Kara Ponton

Wesley Witherspoon

Vice Chair

Lee Bycel

Wesley Witherspoon

Each candidate had the opportunity to give a statement to the Council. An election was held separately for each office. The election for Chair was held first. Following member statements by the candidates for Chair, a roll call vote was taken. Councilmember Wesley Witherspoon won the majority vote for Chairperson with 14 votes, Councilmember Maria Marquez followed with 8

votes, followed by Councilmember Kara Ponton with 2 votes, and Councilmember Matthew Lagrand with 1 vote.

Following the Chairperson election, members heard a statement by Vice Chair candidate Lee Bycel. Since Chair-elect Witherspoon was the only other Vice Chair candidate, members voted unanimously to elect Councilmember Bycel as the new Council Vice Chair.

Chair-elect Wesley Witherspoon and Vice Chair-elect Lee Bycel will serve in their positions from January 2021 until December 2022. (See minutes page 7 for the voting record of members present.)

7. CHAIR REPORT

Chair Maria Marquez reported that the Council would hear a special presentation later in the afternoon from the Chair of the U.S. Civil Rights Commission, Catherine Lhamon. Lhamon will discuss the Commission's recent report on Subminimum Wages and how people with intellectual and developmental disabilities are affected. Marquez also noted that the Council would review the 2020 Program Performance Report (PPR) and vote on whether to approve it for submission to the national Office of Intellectual and Developmental Disabilities (OIDD). Additionally, Marquez thanked the Council for their continued efforts in meeting the challenges of convening remotely throughout the past year.

8. EXECUTIVE DIRECTOR REPORT AND STAFF REPORTS

Executive Director Aaron Carruthers provided Councilmembers with an oral report on recent Council activities and efforts, acknowledging the hard work and dedication that the Council and Council staff have accomplished throughout 2020.

Housing remains a priority for the Council. In response to the organizing of public comments by DRC, SCDD and others, the Tax Credit Allocation Committee (TCAC) increased the required number of accessible housing units that will be built.

The SCDD was named to the California Department of Public Health's Community Vaccine Advisory Committee (CVAC) to explore the safe, equitable and transparent distribution of the COVID-19 vaccine. This advisory committee will meet multiple times over the next several months to determine

the best course of action for vaccine distribution for people with I/DD and their caregivers.

The Council also welcomed a new staff member, attorney Brian Weisel, and introduced Tania Morawiec who recently began work on the SCDD staff team as the Deputy Director of Regional Office Operations.

9. SSAN REPORT

SCDD SSAN representative Wesley Witherspoon provided Councilmembers with an update from the most recent SSAN meeting. Topics of discussion included public safety power shut-offs, statewide wildfire safety, American Red Cross go-kits and advocating for people with I/DD during COVID-19.

10. COMMITTEE REPORTS

Chair Maria Marquez directed Councilmembers to review the informational Committee Reports that have been provided in their meeting packets.

11. 2019-2020 PROGRAM PERFORMANCE REPORT

Executive Director Aaron Carruthers, along with State Plan Committee Chair Kilolo Brodie and SCDD staff Rihana Ahmad and Janet Fernandez, presented the 2019-2020 Program Performance Report (PPR). In measuring outcomes, SCDD has made important strides by improving the tracking of its data and activities using the Qualtrics database. We estimate that during the last year, SCDD's work has reached approximately 2,827,302 people living in California.

The PPR presentation summarized the work that SCDD has done to meet the goals of the 2017-2021 State Plan. Its goals and objectives were as follows: Self-advocacy; Employment; Housing; Health and Safety; Early Intervention, Education, Transition & Post-Secondary Education; and Formal & Informal Community Supports. Staff discussed each State Plan goal and the number of activities, trainings and/or technical assistance actions that were completed under each goal or subcategory. They also shared information about some of the barriers to goal achievement, as well as stories from community members about how SCDD's work has made personal impacts in people's lives. Since most of 2020's work was moved to online platforms, a positive outcome was that many more new and innovative activities were completed.

Action 2

It was moved/seconded (Pegos [F.A.]/McNair [F.A.]) and carried to adopt the 2019-2020 Program Performance Report for submission to the Administration on Community Living. (See minutes page 6 for the voting record of members present.)

12. PRESENTATION FROM THE U.S. COMMISSION ON CIVIL RIGHTS: SUBMINIMUM WAGES AND THE IMPACTS ON THE CIVIL RIGHTS OF PEOPLE WITH DISABILITIES

The Council welcomed special guest speaker Catherine Lhamon, Chair of the United States Commission on Civil Rights (USCCR). Ms. Lhamon spoke to the Council about the USCCR's report on subminimum wages, which was published in September 2020. The USCCR is responsible for reporting to Congress, the President, and the American people about evaluating civil rights and the status of civil rights in the country. The Commission's findings reveal that generally, people with disabilities are still employed at a pay rate below the rest of the labor force. Ms. Lhamon took questions and heard comments from Councilmembers and audience members, including ideas about how to improve employment outcomes for people with disabilities and ways to help make the Commission's recommendations more concrete in the future.

13. CLOSED SESSION: EXECUTIVE DIRECTOR EVALUATION

The Council went into closed session.

14. RECONVENE OPEN SESSION

Pursuant to Government Code Section 11126.3 (f), the Council reported that during closed session, the 2020 Executive Director Evaluation was unanimously approved by the Council.

15. 2021 COUNCIL AND COMMITTEE MEETING DATES AND ADJOURNMENT

Councilmembers were provided with a calendar of 2021 Council and Committee meeting dates in their meeting packets. The next Council meeting will be held on January 26, 2021. The meeting was adjourned at 4:30 P.M.

Council Meeting Voting Log December 1, 2020		
Name	Action 1	Action 2
Adler, Nicole	For	For
Aldana, Sandra	For	For
Austin, Julie	For	For
Brodie, Kilolo	N/A	For
Bycel, Lee	For	For
Chiu, Cindy	For	For
Eriksen, Jeana	For	For
Garnica, Julio	For	For
Imparato, Andy	For	For
Lagrand, Matthew	For	For
Lau, Francis	For	For
Marquez, Maria	For	For
McNair, Joyce	For	For
Millender, Karen	N/A	For
Nelson, Richard	For	For
Neward, Julie	For	For
Pegos, David	For	For
Ponton, Kara	For	For
Raynor, Olivia	For	For
Rodrigues, Joseph	For	For
Rothschild, Kim Levy	For	For
Ryan, Rosie	For	For
Stahmer, Aubyn	For	For
Wavrin, Nick	N/A	For
Winfield, Brian	Abstain	N/A
Witherspoon, Wesley	For	For
Yin, Larry	For	For

Officer Election Voting Log December 1, 2020	
Name	Chair Vote
Adler, Nicole	Witherspoon
Aldana, Sandra	Witherspoon
Austin, Julie	Marquez
Brodie, Kilolo	N/A
Bycel, Lee	Marquez
Chiu, Cindy	Marquez
Eriksen, Jeana	Witherspoon
Garnica, Julio	Witherspoon
Imparato, Andy	Witherspoon
Lagrand, Matthew	Lagrand
Lau, Francis	Marquez
Marquez, Maria	Marquez
McNair, Joyce	Witherspoon
Millender, Karen	Witherspoon
Nelson, Richard	Witherspoon
Neward, Julie	Marquez
Pegos, David	Witherspoon
Ponton, Kara	Ponton
Raynor, Olivia	Witherspoon
Rodrigues, Joseph	Marquez
Ryan, Rosie	Ponton
Stahmer, Aubyn	N/A
Wavrin, Nick	Witherspoon
Winfield, Brian	Marquez
Witherspoon, Wesley	Witherspoon
Yin, Larry	Witherspoon

JANUARY 26, 2021

**AGENDA ITEM 7
INFORMATION ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Chair Report

Council Chair Wesley Witherspoon will provide Councilmembers with an oral report about his recent activities, current priorities for the Council, Committee assignments for 2021, and brief updates about the COVID-19 vaccine. A position statement with recommendations from the American Academy of Developmental Medicine and Dentistry (AADMD) that S DD signed onto has been included in the packet for reference.

Attachment

AADMD Position Statement on Equity for People with I/DD Regarding COVID-19 Vaccine Allocation and Safety



President
Allen Wong, DDS

President Elect
Carl Tyler, MD

VP of Policy
Emily Johnson, MD

Joint Position Statement on Equity for People with Intellectual and Developmental Disabilities Regarding COVID-19 Vaccine Allocation and Safety

October 28, 2020 - Updated December 9, 2020

The development of a safe, effective vaccine is a critical component of the global response to the coronavirus disease 2019 (COVID-19) pandemic. Vaccine distribution and allocation must be done in a safe and equitable manner, and individuals with intellectual and developmental disabilities (IDD) must be explicitly addressed in any framework for vaccine allocation. The aim of this joint position statement is to address the risks facing people with IDD during the pandemic and to recommend how they should be included in vaccine allocation frameworks. The final provisions for vaccine allocation will ultimately be determined on a state level, and many different allocation frameworks exist. The following recommendations are intended to be broadly adaptable to state and national allocation frameworks.

Summary of Recommendations

The organizations party to this Joint Position Statement, as named herein, recommend the following be included in the vaccine allocation framework:

- Individuals with intellectual and developmental disabilities who live in group homes or other community residential settings should be considered at equivalent risk to older adults who live in congregate settings and thus be included in equivalent phases of vaccine allocation.
- All direct support professionals (DSP), including group home staff, in care settings aiding persons with intellectual and developmental disabilities should be considered essential health care workers, and should be included in the appropriate phase of vaccine allocation.
- Given increased rates of serious illness and death from COVID-19 in people with intellectual and developmental disabilities, persons with this diagnosis or condition should be explicitly included in the list of high-risk diagnoses that are used to determine vaccine priority. Individuals with IDD as well as those who live with or provide their care must be included in the same phase of vaccine allocation, regardless of living setting.

Specific COVID-19 Risk Factors for People with IDD

There are an estimated 7.5 million Americans with IDDⁱ, and it is well documented that people with IDD have long experienced structural health inequities, including adverse social determinants of health, that put their health at far greater risk for poorer outcomes from COVID-19^{ii,iii,iv}. Complications from and death rates due to COVID-19 for people with IDD are disproportionately higher when compared to people without IDD.^{v,vi} Mortality rates have been cited to be up to 15% in individuals with IDD^{vii,viii,xi}. In individuals with Down syndrome specifically, there is an estimated four-fold increase in risk for COVID related hospitalization and ten-fold increase in COVID-19 related death^x. Therefore, individuals with IDD must be specifically considered and prioritized in the COVID-19 vaccine allocation efforts.

Many of the risk factors that are associated with severe outcomes from COVID-19 infection, such as cardiovascular disease, diabetes, and chronic lung disease are more common in adults with IDD.^{xi,xii} The Centers for Disease Control and Prevention (CDC) currently outlines the following as high risk diagnoses to be considered in vaccine allocation frameworks: cancer, chronic kidney disease, chronic obstructive pulmonary disease (COPD), immunocompromised state from solid organ transplant, obesity (BMI > 30), serious heart conditions (heart failure, coronary artery disease, cardiomyopathies), sickle cell disease, smoking, and type 2 diabetes. Many individuals with IDD will already be considered high risk based on one of the above listed diagnoses, as well as having a high risk for early-onset Alzheimer's disease in those with Down syndrome. However, the current list of high-risk diagnoses does not include intellectual or developmental disability, despite the disproportionately increased risks associated with people with IDD

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outlined above. We recommend that intellectual or developmental disability be explicitly included in the list of high-risk diagnoses in all vaccine frameworks.

Risk of Congregate Living Settings

There are approximately 600,000 adults with IDD living in community-based congregate settings such as group homes.^{xiii} Many individuals with IDD also attend congregate day programs, many of which have already reopened. The Centers for Medicare and Medicaid Services (CMS) notes a significant proportion of COVID-19 deaths occurred in individuals living in long-term care facilities,^{xiv} many of which represent congregate living. Data from other countries, as well as investigative reporting in the United States, suggest that the percentage of COVID-19 deaths in long-term care facilities may be higher than indicated by the CDC database.^{xv,xvi} However, the allocation framework focuses only on vaccinating older adults in congregate or overcrowded settings in Phase 1b, despite the many people with IDD who also live in long-term care facilities and other congregate settings and share similar medical risk factors.^{xvii,xviii} Due to risk of exposure to staff who may test positive for COVID-19, individuals who live in group homes or other congregate residential settings should also be considered at equivalent risk to older adults who live in long-term care settings and thus be included in the first phase of vaccine allocation.

Direct Support Professionals

DSPs, the staff at residential and day services settings, continue to provide essential personal care and other support to ensure the health and safety of people with IDD, including support with health-related tasks that elevate exposure to aerosols and bodily fluids. Their occupation puts them at a greatly increased risk for exposure to COVID-19, like staff in nursing homes, although they have not been prioritized for personal protective equipment (PPE), diagnostic testing, or other infection control resources, putting them at even greater risk.^{xix} All DSPs should be considered essential health care workers and should be appropriately included in the first phase of vaccine allocation.

Family and Household Members and Other Community Support Providers

Not all proposed frameworks currently account for care providers and family members of adults at high risk for severe illness and death from COVID-19. However, to minimize the risk of exposure and thus transmission, individuals and family members who live with and/or provide care for individuals with IDD should be prioritized as well. Specifically, they should be included in the same phase of vaccine allocation as the individual with whom they live with and for whom they provide care.

The Rights of People with IDD to Medical Care

The draft framework does explicitly acknowledge the importance of avoiding discrimination in allocation efforts, and we support efforts fully in this regard. However, the draft framework includes very little discussion of people with IDD. The denial or removal of care from people with IDD is a very real concern during this pandemic and in a vaccine allocation protocol.^{xx}

The US Department of Health and Human Services Office for Civil Rights (OCR) issued a bulletin on Civil Rights, HIPAA, and the Coronavirus Disease 2019 (COVID-19). It states that “persons with disabilities should not be denied medical care based on stereotypes, assessments of quality of life, or judgments about a person’s relative ‘worth’ based on the presence or absence of disabilities or age. Decisions by covered entities concerning whether an individual is a candidate for treatment should be based on an individualized assessment of the patient based on the best available objective medical evidence.”^{xxi}

Since its issuance, OCR has resolved complaints in Alabama, Tennessee, Pennsylvania, Utah, and Connecticut regarding the illegal exclusion of certain people with disabilities from access to life-saving treatment, reasonable accommodations to hospital visitation policies, accessibility of information on treatment, and other protocols. The vaccine allocation framework should comply with US civil rights law and directives from OCR.

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Access and Distribution

Access must be considered in an allocation framework, including considerations of disability status and age. We urge a “no wrong door” approach to vaccination. The vaccine should be available at all regular sources of care, through public health agencies, and non-traditional sites of care which may be needed to reach underserved populations. We also encourage reasonable modifications to “drive-up only” sites or other testing facilities, such as establishing mobile vaccination programs or providing no-cost transportation, to ensure that vaccinations are accessible to people with IDD whose family members do not drive or reside in settings that do not provide transportation. Additionally, the vaccine protocol and accompanying information must be accessible to people with IDD in plain language, in screen-reader accessible formats, in alternative formats needed by people with IDD, including graphic format that is understandable by people who may not be able to read, and in non-English languages spoken in the US.

Autonomy and Choice

Regardless of diagnosis or level of intellectual functioning, no individual should be mandated to receive a vaccine. All vaccines should be given on a voluntary basis as determined by the individual or their legal decision maker. Assent should be obtained for any individual who is not their own legal decision maker. The risks and benefits of the vaccine, as well as consequences of not receiving the vaccine, should be appropriately discussed.

Communications with State Health Authorities

We recognize that state health authorities, whose responsibility is to oversee the distribution and allocations of vaccines and manage inoculation protocols and procedures, are wrestling with many challenges during this difficult time. We further recognize and call upon state developmental disabilities agencies and other relevant state bodies to liaise and consult with state health authorities and the service provider community and advocacy organizations on the selection and prioritization of at-risk groups within the population of persons with IDD and assure the equitable distribution and allocation of vaccines so as to mitigate continued contact infections and prevent spread of the COVID-19 virus within home and other settings where persons with IDD reside.

The Evolving COVID-19 Landscape

Vaccine allocation parameters should be constantly reviewed and updated as the knowledge regarding COVID-19, safety and efficacy of vaccines, and high-risk populations changes. We acknowledge that provisions for the distribution and accessing the COVID-19 vaccine are constantly changing and subject to the vagaries of state policies and procedures. Please check back periodically to the site where you accessed this statement for any updates and changes in recommendations.

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ⁱ RISP University of Minnesota. FY 2017 RISP Infographics - *How many people with intellectual or developmental disabilities live in the United States?* Institute on Community Integration Publications (umn.edu). <https://publications.ici.umn.edu/risp/2017/infographics/people-with-idd-in-the-united-states-and-the-proportion-who-receive-services>

ⁱⁱ Ervin DA, Hennen B, Merrick J, Morad, M. Healthcare for persons with intellectual and developmental disability in the community. *Frontiers of Public Health*, 2014, 2, 83.

ⁱⁱⁱ Sullivan WF, Diepstra H, Heng J, Ally S, Bradley E, Casson I, et al. Primary care of adults with intellectual and developmental disabilities: 2018 Canadian consensus guidelines. *Canadian Family Physician*, 2018, 64(4), 254–279.

^{iv} Anderson LL, Humphries K, McDermott S, Marks B, Siserak J, Larson S. The state of the science of health and wellness for adults with intellectual and developmental disabilities. *Intellectual and Developmental Disabilities*, 2013, 51(5), 385–398.

^v Cuypers M, Schalk BWM, Koks-Leensen MCJ, Nägele ME, Bakker-van Gijsel EJ, Naaldenberg J,





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& Leusink GL. Mortality of people with intellectual disabilities during the 2017/2018 influenza epidemic in the Netherlands: potential implications for the COVID-19 pandemic. *Journal of Intellectual Disability Research*, 2020, 64(7), 482-488.

^{vi} Spreat, S., Cox, R., & Davis, M. *COVID-19 case & mortality report – intellectual or developmental disabilities*. New York Alliance for Inclusion and Innovation, 2020. https://www.ancor.org/sites/default/files/covid-19_case_and_mortality_report.pdf

^{vii} Landes SD, Turk MA, Wong AWWA. COVID-19 outcomes among people with intellectual and developmental disability in California: The importance of type of residence and skilled nursing care needs. *Disability and Health Journal*, 2020, 1-5.

^{viii} Turk MA, Landes SD, Formica MK, Goss KD. Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis. *Disability and Health Journal*, 2020, 100942.

^{ix} Landes SD, Turk MA, Formica MK, McDonald KE, Stevens JD. COVID-19 outcomes among people with intellectual and developmental disability living in residential group homes in New York State. *Disability and Health Journal*, 2020, 100969.

^x Cliff AC, Coupland CAC, Keogh RH, Hemingway H, Hippisley-Cox J. COVID-19 mortality risk in Down syndrome: Results from a cohort study of 8 million adults. *Annals of Internal Medicine*, 2020, 21 October 2020: Letters.

^{xi} Stokes EK, Zambrano LD, Anderson KN, Stokes EK, Zambrano LD, Anderson KN, et al. Coronavirus disease 2019 case surveillance—United States, January 22–May 30, 2020. *MMWR Morb Mortal Wkly Rep* 2020, 69:759–765.

^{xii} Centers for Disease Control and Prevention. *People with certain medical conditions*. Atlanta, GA: CDC, 2020. URL: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html.

^{xiii} State of the states.org. *Persons in residential settings FY 2007-2017*. <https://stateofthestates.org/wp-content/uploads/documents/UnitedStates.pdf>

^{xiv} Centers for Medicare and Medicaid Services. COVID-19 long-term care facility guidance - April 2, 2020. Baltimore, MD: CMS, 2020. URL: <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>.

^{xv} Bondy H. 39% of Covid-19 deaths have occurred in nursing homes — many could have been prevented: report. [December 8, 2020]. NBC News. <https://www.nbcnews.com/health/covid-19/feature/39-covid-19-deaths-have-occurred-nursing-homes-many-could-ncna1250374>

^{xvi} Burton JK, Baybe G, Evans C, Garbe F, Gorman D, Honhold, N et al. Evolution and effects of COVID-19 outbreaks in care homes: a population analysis in 189 care homes in one geographical region of the UK. *The Lancet-Health Longevity*, 1(1), E21-E31, October 1, 2020. [https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568\(20\)30012-X/fulltext](https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(20)30012-X/fulltext)

^{xvii} Centers for Disease Control and Prevention. (December 3, 2020). *The Advisory Committee on Immunization Practices' interim recommendation for allocating initial supplies of COVID-19 vaccine — United States*, 2020. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e1.htm>

^{xviii} Rabin, R.C. *Developmental disabilities heighten risk of Covid death*. New York Times, November 11, 2020. <https://www.nytimes.com/2020/11/10/health/covid-developmental-disabilities.html?action=click&module=Top%20Stories&pgtype=Homepage>

^{xix} Sisrak, J., Janicki, M.P., Murphy, R., Marks, B., Buckley, T. *Impact of COVID-19 on provider organizations serving adults with intellectual and other disabilities*. September 8, 2020. Washington, DC: ACCSES. <https://www.the-ntg.org/covid-19-resources>

^{xx} Sabatello M, Landes SD, & McDonald KE. People with disabilities in COVID-19: Fixing our priorities. *American Journal of Bioethics*, 2020, 20(7), 187–190. Published online July 27. <https://doi.org/10.1080/15265161.2020.1779396>

^{xxi} United States Department of Health and Human Services Office for Civil Rights. *Bulletin on Civil Rights, HIPAA, and the Coronavirus Disease 2019 (COVID-19)*. Washington, DC: OCR, 2020. URL: <https://www.justice.gov/file/1263421/download>

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American Academy of Developmental Medicine & Dentistry (AADMD) is a non-profit, membership organization of interdisciplinary health professionals — including primary physicians, medical specialists, dentists, optometrists, nurses and other clinicians — committed to improving the quality of healthcare for people with intellectual & developmental disabilities (IDD).

American Association on Intellectual and Developmental Disabilities (AAIDD) is the oldest and largest interdisciplinary society of professionals concerned with intellectual and developmental disabilities. AAIDD was founded in 1876 to address questions relating to the causes, conditions, and understanding of intellectual and developmental disabilities and to develop best practices in education and services. The major functions of AAIDD are to support its members' professional activities; publish cutting edge research and materials that inform policy and practice; develop and implement educational opportunities for professionals, policy makers, and others; and engage in activities that promote progressive public policy.

American Network of Community Options and Resources (ANCOR) is a national, nonprofit trade association representing more than 1,600 private community providers of services to people with disabilities. Our members provide long-term care to more than 600,000 people with intellectual and developmental disabilities across the country through Medicaid Home and Community Based Services. The providers who ensure their health and safety, do this largely unrecognized. They are among the unsung heroes that we hear about daily throughout the pandemic.

Developmental Disabilities Nurses Association is a 501(c)(3) nursing specialty organization committed to advocacy, education and support for nurses who provide services to persons with developmental disabilities. Our goal is to foster the growth of nursing knowledge and expertise about optimal care of persons with DD through improving the care services and quality of life. DDNA believes that DD nurses are the experts in this specialty area of nursing.

The **Global Down Syndrome Foundation (GLOBAL)** is the largest non-profit in the U.S. working to save lives and dramatically improve health outcomes for people with Down syndrome. GLOBAL has donated more than \$32 million to establish the first Down syndrome research institute supporting over 400 scientists and over 2,000 patients with Down syndrome from 28 states and 10 countries. Working closely with Congress and the National Institutes of Health, GLOBAL is the lead advocacy organization in the U.S. for Down syndrome research and care. GLOBAL has a membership of over 150 Down syndrome organizations worldwide, and is part of a network of Affiliates – the Crnic Institute for Down Syndrome, the Sie Center for Down Syndrome, and the University of Colorado Alzheimer's and Cognition Center – all on the Anschutz Medical Campus.

The **LuMind IDSC Foundation** is a national non-profit organization for people with Down syndrome that accelerates research to increase availability of therapeutic, diagnostic, and medical care options and empowers the largest online community of individuals with Down syndrome and their families with education, resources, connections, and support. We envision a world where every person with Down syndrome thrives with improved health, independence, and opportunities to reach their fullest potential.

The vision of the **National Alliance for Direct Support Professionals (NADSP)** is a world with a highly qualified and professional direct support workforce that partners with, supports, and empowers people with disabilities to lead a life of their choosing. NADSP works to elevate the status of direct support professionals by improving practice standards, promoting system reform, and advancing their knowledge, skills and values, through certification, credentialing, training, professional development, and accreditation services.

National Association of State Directors of Developmental Disabilities Services (NASDDDS) represents the nation's agencies in 50 states and the District of Columbia providing services to children



President
Allen Wong, DDS

President Elect
Carl Tyler, MD

VP of Policy
Emily Johnson, MD

and adults with intellectual and developmental disabilities and their families. NASDDDS promotes visionary leadership, systems innovation, and the development of national policies that support home and community-based services for individuals with disabilities and their families.

National Task Group on Intellectual Disabilities and Dementia Practices is a nonprofit organization whose purpose is to advocate for appropriate services for adults with intellectual disability affected by dementia, as well as provide information and education related to dementia and its impact on persons with intellectual disability to caregivers, providers of services, and governmental and non-governmental bodies.

The Arc of the United States is the largest national community-based organization advocating for and with people with intellectual and developmental disabilities (I/DD) and serving them and their families. We work tirelessly to uphold our vision that every individual and family living with I/DD in the United States has access to the information, advocacy, and skills they need to support their full inclusion and participation in the community throughout their lifetimes.

The National Disability Rights Network (NDRN) works in Washington, DC on behalf of the Protection and Advocacy Systems (P&As) and Client Assistance Programs (CAPs), the nation's largest providers of legal advocacy services for people with disabilities. NDRN promotes the network's capacity, ensures that P&As/CAPs remain strong and effective by providing training and technical assistance, and advocates for laws protecting the civil and human rights of all people with disabilities.

The National Down Syndrome Congress (NDSC) is the country's oldest national non-profit, non-partisan organization for people with Down syndrome, their families, and the professionals who work with them. We provide information, advocacy and support concerning all aspects of life for individuals with Down syndrome, and work to create a national climate in which all people will recognize and embrace the value and dignity of people with Down syndrome.

The National Down Syndrome Society (NDSS) is the leading human rights organization for all individuals with Down syndrome. The NDSS envisions a world in which all people with Down syndrome have the opportunity to enhance their quality of life, realize their life aspirations and become valued members of welcoming communities.

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ANCOR



*All Official Signatories on Page 7





AMERICAN
ACADEMY OF
DEVELOPMENTAL
MEDICINE &
DENTISTRY

President
Allen Wong, DDS

President Elect
Carl Tyler, MD

VP of Policy
Emily Johnson, MD

OFFICIAL SIGNATORIES



Henry Schein Cares
FOUNDATION



UNIVERSITY OF THE
PACIFIC
Arthur A. Dugoni
School of Dentistry



UIC Department of Disability :
Human Development
COLLEGE OF APPLIED HEALTH SCIENCES



DSMIG-USA
Down Syndrome Medical Interest Group-USA



mental Services of Dickson County
Achieve With Us



JANUARY 26, 2021

**AGENDA ITEM 8
INFORMATION ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Executive Director Report and Staff Reports

SCDD Staff reports have been included in the packet for informational purposes. Additionally, SCDD Executive Director Aaron Carruthers will provide Councilmembers with an oral report regarding recent Council activities. His report will include details regarding a letter sent to members of the California COVID-19 Vaccine Guidelines Workgroup advocating for tier 1B vaccine prioritization for people with disabilities.

Other Attachments

- A) Deputy Director of Administration Report (page 37)
- B) Deputy Director of Policy and Public Affairs Report (page 39)
- C) Deputy Director of Regional Office Operations Report (page 42)
- D) C.R.A./V.A.S. Update Report (page 50)
- E) QA Project Update Report (page 51)

January 11, 2021

Dear Members of the California COVID-19 Vaccine Drafting Guidelines Workgroup,

We write as members of California's Community Advisory Vaccine Committee who collectively represent people with a wide range of disabilities and chronic health conditions across the age spectrum. After consulting with one another on the proposed 1b vaccine prioritizations proposed by the Drafting Guidelines Workgroup last week, we ask the Workgroup to include two changes to the proposed priority tiers under phase 1b:

- Include people with disabilities of any age who receive long-term services and supports (LTSS) through Medi-Cal waiver services and programs, the In-Home Supportive Services (IHSS) program, the Program for All-Inclusive Care for the Elderly (PACE), and through Regional Centers.
- Provide a "safety valve" for people with disabilities and chronic health conditions of any age who can demonstrate with medical evidence that they are at great risk of severe health consequences including death if they acquire COVID-19.

We appreciate the Workgroup's inclusion of people with comorbid conditions ages 64-75 years in category 1b. However, we also recognize that age, in itself, is a highly inexact proxy for the disability communities, particularly lower-income people with disabilities of color, who remain at high risk for COVID infection and/or severe illness. An individual with developmental disabilities in their 50s who lives in a small group home is, in fact, at significantly higher risk of acquiring COVID-19 than someone in their 60s who can safely shelter in place without visitors because of daily exposures to direct support workers in the small group home. Moreover, the CDC's list of recognized comorbid conditions, does not include either real-time research into how people with different disabilities experience the virus (e.g., [Landes, SD, Turk, MA, & Wong, AWWA \(in press\), "COVID-19 Outcomes Among People with Intellectual and Developmental Disability in California: The Importance of Type of Residence and Skilled Nursing Care Needs," Disability and Health Journal, 101051](#)), nor the impact of medical rationing and implicit bias on people with significant disabilities. For example, a high-weight individual with multiple healthcare conditions may be unable to access regular therapy for severe lymphedema without risking COVID-19 infection and, if they end up with COVID-19 during a surge resulting in health care rationing, they also are at risk of being denied care because of the application of crisis standard of care guidelines.

There is also the equitable consideration that many people with disabilities receiving home and community-based long-term services and supports require nursing home levels of care but fought to stay out of institutions or return to the community, potentially living with family in multi-generational homes. These individuals have not been subject to the tragic rates of infection in nursing homes, where they would ironically be receiving the vaccination now, but their risks of infection and severe illness

during a time of rising community infection rates should accord them a place in category 1b, regardless of their age. Studies are beginning to bear out the disproportionate impact COVID is having on people with specific disabilities, including developmental disabilities, who are 3 times more likely to die, and people with Down Syndrome, who are 10 times more likely to die. (<https://tinyurl.com/y2a5f9ql>; <https://www.acpjournals.org/doi/10.7326/M20-4986>), but people with less frequently occurring disabilities could also bear disproportionate impacts that have not yet been the subject of study.

We support the prioritized inclusion of personal care assistants who are coming into the homes of disabled people as front-line healthcare workers in category 1a, but since we don't know the infectious capacity of those who have been vaccinated, those who receive personal assistance services must be separately evaluated for vaccination.

In order to provide some sense of the number of individuals that are being raised here we have some approximate figures below. Please bear in mind that there is considerable overlap both among the groups listed below as well as with other groups that are already proposed for inclusion in 1b (e.g., persons over 75 and persons between 64 and 75 with comorbid conditions).

CA Assisted Living Waiver: 5,000, with 4,500 on the waitlist

CA Community Based Adult Services Program: 40,000

CA HCBS Waiver for Californians w/DD: 95,000

CA HIV/AIDS Waiver: 1,500

CA Home and Community Based Alternatives Waiver: 5,500, with 600 on the waiting list

CA Multipurpose Senior Services Program: up to 12,000

CA Self-Determination Program for Individuals with Developmental Disabilities: 350

Community First Option: 250,000 (most overlapping with other categories in this list)

IHSS: 600,500

Regional Center Service recipients: 350,000

PACE participant: 10,000

Our recommendation would include an approximate 1.1 million Californians who would very likely have fallen within 1a if they were not being cared for in the community.

Finally, we encourage the Workgroup to recommend sub priorities within 1b based on who has been most impacted by the pandemic. For example, all older adults 75+ have not been similarly situated, with death and infection rates disproportionately impacting older adults of color. Further sub prioritization based on considerations like race and community would be consistent with sub prioritization guidance for phase 1a and is critical in ensuring a vaccine allocation grounded in equity.

Thank you for the opportunity to provide our input to the Drafting Guidelines Workgroup.

Sincerely,

Aaron Carruthers, California State Council on Developmental Disabilities

Andy Imparato, Disability Rights California

Christina Mills, California Foundation for Independent Living Centers

Denny Chan, Justice in Aging

Silvia Yee, Disability Rights Education and Defense Fund

And the following 272 organizations:

24 Hour Home Care

A Better Life Together, Inc

A Home for Chris

AbilityPath

Adaptive Learning Center

Advocate for Down Syndrome

Ala Costa Centers

Alegria Community Living

Alliance for Leadership & Education

Amato Home

American Academy of Developmental Medicine and Dentistry

American Conservatory Theater

Anthesis

Aphasia Recovery Connection

Arcadia Home Care
Aspire to Greatness Silicon Valley
Autism, Advocacy and Intervention
Autism Society of America
Autism Society of Los Angeles
Autism Society of San Diego
Autism Society of San Francisco
Autism Speaks
Avenues Supported Living Services
Bakersfield A.R.C.
Becky Coffey, ILS
Behavior Analysis Technologies Residential Services
BHH Services
Blossoms
Board of Registered Nursing
Building Bridges for Special Needs-Coachella Valley
Bungalow Support Services
Cal-TASH
California Association of Public Authorities for IHSS
California Community Living Network
California Council of the Blind
California Disability Services Association
California Disaster Coalition
California Down Syndrome Advocacy Coalition
California IHSS Consumer Alliance

California School Employees Association
California School Nurses Organization (CSNO)
California State Teachers' Retirement System
California's State Independent Living Council
Camp Krem
Care Parent Network
Careco Inc.
Casa Pacifica ADHC Center
Center for Independence of Individuals with Disabilities
Center on Deafness Inland Empire (CODIE)
Central Coast Center for Independent Living
Centro de Ninos y Padres
Channel Islands Social Services
CHOICESS
Christina's House Inc.
Climb, Inc
Climb Transition Services
Club 21 Learning and Resource Center
Chime Institute Early Education Programs
Coastal Heaven Families
Coastal Kids Home Care
COLLABORATIVE DESIGN AND PLANN
Community Access Services
Community Catalysts of California
Community & Employment Links

Community Integrated Support Services, Inc
Community Interface Services
Community Living Options
Community Resources for Independent Living
Compass LLC
Comprehensive Continuum of Services Inc.
Conexiones Educativas
Connections for Life
Creative Support Alternatives
Creativity Explored
DCBA of Danville, CA
Deaf and Hard of Hearing Service Center
Deaf Plus Adult Community
Designing Accessible Communities
Developmental Services Network
Devereux CA
Diocese of San Diego Mental Health Ministry
Disability Community Resource Center, Inc.
Disability Rights California and the Association of California State Employees with Disabilities
Disability Rights Education and Defense Fund
Disability Voices United
Down Syndrome Association of Central California
Down Syndrome Association of Los Angeles
Down Syndrome Connection of Bay Area
Down Syndrome Connection of the Bay Area

Downs Town
Downsyndromeconnections.com
Dysautonomia International California Support Group
Early Learning Institute
East Bay Autism Parents
East Bay Innovations
Elective Support Services
Elk Grove Adult Community Training
Enjoy Life More, Inc.
Exceptional Children's Foundation
Exceptional Family Center
Express Air Testing Inc.
Family Focus Resource Center
Family Resource Navigators
Family Voices of California
Far Northern Regional Center
Fenix Home
Filipino Cursillo
Fran Gelb and Company, Inc.
FREED Center for Independent Living
Friends of Children with Special Needs
Functional Determination
Full Circle of Choices, Inc
Futures Explored/Vte
Gaining Groun

Golden Gate Regional Center

Gratia Home

Greater Los Angeles Agency on Deafness

Hand in Hand: The Domestic Employers Network

Heather's House

Helping Hands East Bay

Hodges Care Home

Home care nurse

Home Community Based Alternatives

Home of Guiding Hands

Hope Services

Housing Consortium of the East Bay

Inclusions Services LLC

Ideal Care, LLC.

Illumination Institute

Independent Living Resource Center San Francisco

Institute for Applied Behavior Analysis

Institute for Holistic Health Studies

Integrated Resources Institute

International Association of Black Actuaries

Janet Pomeroy Recreation and Rehabilitation Center

Janis Escamilla Supported Living Services, LLC

Jaqui' Foundation, Inc.

Jay Nolan Community Services

John P Kelly & Associates

Journey of Choice, Inc.

Kaiser Oakland Medical Center

KB Way Supported Living Services, LLC

Kern Down Syndrome Network

Law Offices of Mark B. Freschi

Liahona Community Care

Libertana

Liberty Support Services, Inc.

Life Works

Lighthouse living services red bluff

Living Inside the Puzzle

Major Impact Theater

Marin Center for Independent Living (Marin CIL)

Marin Ventures

Mark's Way

Marysville People First

Maxim Health Care; RN

McGarvey Home

Media Mahima/Radio Dehotties

Men of Color Connected for Higher Achievement

Monarch Independent Living Services, Inc.

Mother Lode Rehabilitation Enterprises Inc.

Mt. Diablo Adult Education

National Alliance on Mental Illness

National Association for the Advancement of Colored People

National Disability Mentoring Coalition

National Task Group on Intellectual Disabilities and Dementia Practices (NTG)

Naval Facilities Engineering Command Southwest

NCI Affiliates

Networx SLS

New Horizons

Ninos Del Cielo, Inc

Noah Homes

NorCal Services for Deaf and HH

North Coast Supportability, LLC

Northern California ADAPT

NorthStar Services

Nurturing Independence through Artistic Development

Oceanside Supported Living Services

One Step Beyond, Inc.

Opportunity for Independence

Options for All

Orange County Deaf Equal Access Foundation

Palm Tree Residential Care Home #2

PANAN USA

Pangea Legal Services

Parent Infant Program

Parents Advocating Together

Parents Helping Parents, Inc.

Parkside Villa SLS

Partnerships With Industry

PathPoint

Pathway to Choices, Inc

PCDH19 Alliance

Peco Care Home

People Creating Success, Inc.

Person Centered Services of Stockton, CA

Personal Assistance Resource

Pihl & Associates

Placer Independent Resource Services

Pomeroy Recreation and Rehabilitation Center, Inc.

PRAGNYA

Progressions: Developmental-Behavioral Pediatrics

Progressive Employment Concepts

Quality Connections Living Services Inc.

Quality Respite and Home Care Inc

RC Elite Services

REACH Services

Redwood Coast Regional Center

Regional Center of The East Bay

Remi Vista Supported Living

Rest & Relax Respite Agency

Rolling Start, Inc.

Roslil Inc.

S&P Corporation/Bordon Homes

San Andreas Regional Center
San Diego Regional Center
Santa Cruz Supported Living
SEIU 2015
Self-Determination Local Advisory Committee
Senior and Disability Action
Sentry Living Solutions
Serafin Care Home
Service Center for Independent Life
Shared Adventures
Silicon Valley Down Syndrome Network
Silicon Valley Independent Living Center
Sister and support to brother with Down Syndrome
Social Vocational Services
Sonic Forest Productions
Southside Unlimited
Special Care Services
Special Care Supported Living Services
Special Educator, Down Syndrome Society
Speech Language and Learning Services of Northern California
Spread Your Wings
St. John Boys Home, Inc.
St. John Corinthian Care, LLC.
St. Madeleine Sophie's Center
Stanford Autism Center, Parent Advisory Board

STEP Inc.

Steppin' Out Dance Studio

Student Recruitment and Retention Center

Sunny Days of California

Summer House Inc.

Support for Families of Children with Disabilities

Tailored Living Choices Supported Living Services LLC

The Adult Skills Center (TASC)

The Arc of Amador and Calaveras

The Arc of Butte County

The Arc of California

The Arc of the East Bay

The Arc Fresno/Madera Counties

The Arc of Imperial Valley

The Arc of Placer County

The Arc of San Diego

The Arc of San Francisco

The Arc of Solano

The Arc of Ventura

The Aurelia Foundation

The Autism Community in Action

The Awareness Show

The California Sibling Leadership Network

The Cronin Law Group

The Dayle McIntosh Center

The Emily Johnson Trust
Thrive Support Services, Inc
Tierra del Sol Foundation
Tollner Law Offices
Tri-County GLAD
Trilogy adult services
UC San Diego Health
UCP WORK Inc.
Ukiah Valley Association for Habilitation
United Administrators of San Francisco
United Automobile, Aerospace and Agricultural Implement Workers of America
United Cerebral Palsy Central California
United Cerebral Palsy of the Inland Empire
United Cerebral Palsy of the North Bay
United Cerebral Palsy of Orange County
United Cerebral Palsy of San Joaquin
United Cerebral Palsy of Stanislaus County
United Educators of San Francisco
UVAH
Valley Mountain Regional Center
Visbal Strategic Consulting
Vista Center for the Blind & Visually Impaired
Vista Hill Foundation
Walsh McKean Furcolo LLP
WarmLine Family Resource Center

Whistlestop Wheels at Vivalon

While the letter is focused on organizational signatures from state, regional and local organizations, an additional 550 individuals who have disabilities, are family members or service providers also submitted sign-ons.

State Council on Developmental Disabilities
Deputy Director of Administration Report
January 26, 2021

The Deputy Director of Administration exercises broad policy-making authority over the SCDD's administrative functions including personnel, fiscal, contracts, information technology and customer services to fulfill the strategic goals of the SCDD.

This report summarizes the activities the Administration team performed in calendar year 2020. Beginning in March 2020, the COVID-19 stay at home order significantly changed the way SCDD staff perform their work. SCDD implemented an Emergency Telework Program (ETP) in March which remains in effect. While all SCDD offices have remained open for essential activities, SCDD staff are working from home to the greatest extent while still being able to perform mission critical functions.

Thanks to the foresight of the Council in approving a 5-year computer replacement schedule in 2018 and data line upgrades for all offices in 2020, the staff have the information technology resources to be able work remotely. If not for the Council's approval of these infrastructure improvements, staff would not be able to work remotely and would be at greater risk of exposure to COVID.

Since May 2020, SCDD has distributed 102.5 million items of personal protective equipment (PPE) from the Governor's Office of Emergency Services (CalOES) to hundreds of community organizations and to our consumers and their families. The Administration team continues to work with CalOES and the Regional Office Managers to submit these PPE requests.

COVID-19 restrictions have prevented in-person Council and committee meetings since March 2020. The Administration team purchased Zoom videoconference licenses and provided iPads with internet access to those members that required the technology in order to fully participate in these public meetings. All things considered, the Zoom meetings have gone quite well and have enabled the Council and committees to continue to meet and effectively conduct business. Zoom has also enabled SCDD staff to maintain effective communication and share

critical information directly. Regional Offices have also used Zoom to conduct their trainings and have found that attendance is much higher with Zoom.

The Contracts and Procurement team procured a two year license for the Qualtrics data platform which the State Plan Committee and support staff used to develop our new State Plan and to track the statewide monthly activities of our current State Plan. The Qualtrics product has resulted in significant workload reduction for SCDD staff and enables staff to analyze the state plan activities to make our federal reporting much easier. Qualtrics has also enabled the Quality Assessment project to aggregate and analyze several years of consumer survey data, which will also inform the State Plan Committee.

The Human Resources team (HR) has monitored guidance from the Governor and the administration regarding changes to the Stay at Home order and impacts to our emergency telework policy. HR worked hard to provide guidance and support to staff on COVID-related health & safety, paid family leave, home ergonomic advice and equipment for injury prevention while teleworking. HR also processed several high-level recruitments such as the Attorney, Deputy Director of Planning and Regional Office Operations and Deputy Director of Policy and Public Affairs.

2020 was a very unusual year that required SCDD to make changes to the way we do business. The Administration team played a critical role in facilitating many of these changes and looks forward to continuing to support the Council and its activities in 2021.

Report from Deputy Director, Policy and Public Affairs and Policy and Public Affairs Staff

The Deputy Director of Policy and Public Affairs is the lead person responsible for fulfilling the department's federal and state mission for advocacy. The Deputy Director directs the department's policy, advocacy, communication and committee activities.

October 31, 2020 – December 31, 2020

Communications

- Deputy Director and Communications Manager created and analyzed data for a COVID-19 vaccine survey that was distributed the English and Spanish to community members to learn about how people feel about the vaccine and where they get information about the vaccine.
- Communications Manager was part of the team that assisted Executive Director at the four COVID-19 Vaccine Community Input Sessions. Provided technical assistance at these virtual meetings, posted plain language materials on the website, and shared the survey to receive input from the participants.
- Communications Manager created and distributed plain language COVID-19 vaccine information and scams graphics.
- Communications Manager created and maintained [the Alternative Resources page](#) on the SCDD website in partnership with the California Disability Services Association and Easterseals Southern California. Communications Manager led the website strategy meeting with the content providers to review accessibility requirements and design ideas.
- Communications Manager assisted Regional Offices and other units that requested help with designing graphics for events, creating social media posts, uploading documents on the website, editing webinar videos, or making accessible documents and presentations.
- Communications Manager attended the California Association of the Public Information Officials' webinar titled, "Search Engine Optimization for Public Agencies" to learn ways to make SCDD's digital presence more public-friendly, to improve the reach of SCDD's programs and services, and to better communicate with key audiences.

Committee Support

- Supported the Committee Specialist in managing committee and workgroup meetings.

- Supported the Committee Specialist in her role of identifying and completing staff work of the Employment First (EFC), Legislation and Public Policy (LPPC), Statewide Self-Determination Advisory (SSDAC) and State Plan (SPC) Committees.
- Deputy Director and Committee Specialist staffed EFC's Data Workgroup that met in November to continue their work in identifying and making recommendations on changes needed to the data dashboard. Workgroup members are accessing what data would be most useful and relevant in determining barriers to competitive integrated employment (CIE) and outcomes. The Committee Specialist supported workgroup calls, created agendas and materials and carried through with action items.
- In September, the SSDAC met and established an SSDAC Workgroup that, among other things, would identify implementation strategies to carry out the recommendations made in the August 2020 report that was sent to the Department of Developmental Services, the members of the 21 regional center local advisory committees, the legislature and the Association of Regional Center Agencies (ARCA). Committee Specialist supported workgroup calls, created agendas and materials and carried through with action items. This included drafting language for a scope of work to support the Committee in meeting six times a year and tracking regional centers willing to fund this.
- SPC met in November to begin the work on the Grant Cycle 44 project. Using the recommendations made by the Committee, Deputy Director, Committee Specialist, State Plan Manager and Contract Analyst reviewed contract language, made needed changes to the language and drafted proposed project language for consideration.
- Committee Specialist provided support and recommendations to create a Council Officer Orientation Binder, designed to inform and provide resources and information to newly elected Council Officers.

Policy

- Deputy Director met multiple times with Disability Rights California to discuss policy priorities for 2021.
- Deputy Director and Policy Analyst worked to draft possible bill language for 2021.
- Deputy Director and Policy Analyst worked to draft policy related sections of the program performance report for 2020.
- Deputy Director created talking points for Executive Director to use in meeting with ACL.

- Deputy Director met with New Jersey DD Council to discuss employment initiatives in California.
- Deputy Director worked with Director of Rehabilitation and Chief of Division of Apprenticeship Standards to develop workgroup focused on people with disabilities as part of the Interagency Advisory Committee on Apprenticeships.

REPORT FROM: TANIA MORAWIEC

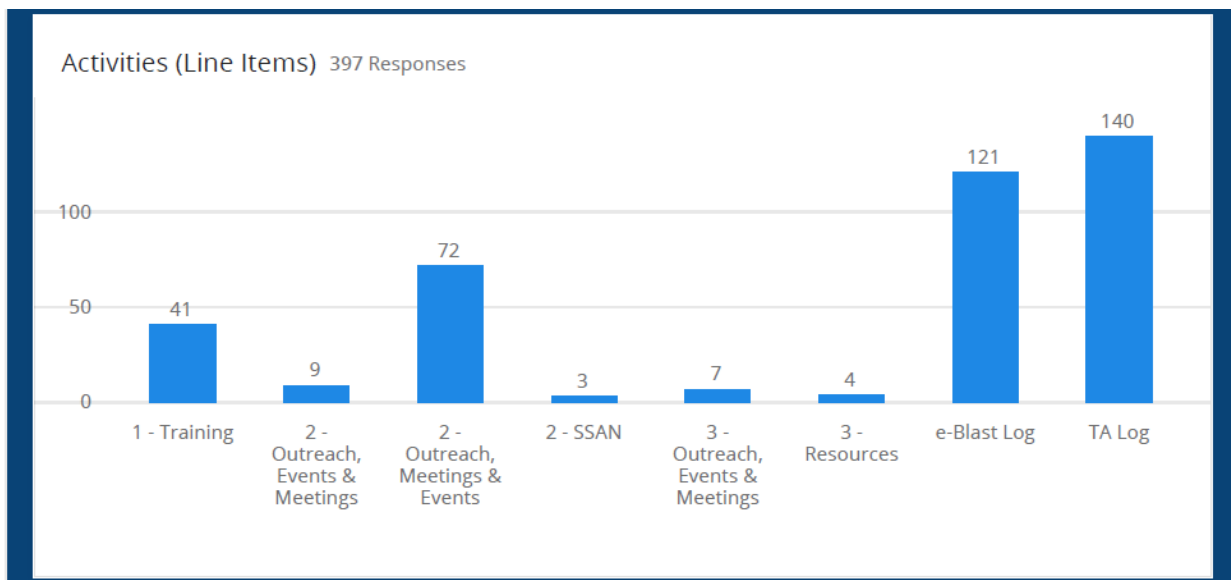
DEPUTY DIRECTOR, PLANNING & REGIONAL OFFICE OPERATIONS

REPORT RANGE 12/01/20-1/11/21

Regional Office Operations:

- The 12 regional offices continue to meet community need in crisis via PPE distribution and go-kit emergency preparedness training.
- Zoom is being used to broadcast training to statewide audiences. SCDD staff conducted 408 activities in the six state plan goal areas.
- SCDD is adding personnel. SCDD is in the final stages of the interview process for a North Coast Regional Manager. SCDD is currently recruiting two CPSII positions and a Deputy Director of Policy.
- SCDD's Sequoia Regional Manager, Yolanda Cruz, is named to the International Crisis Intervention (CIT) Board. She will continue to assist in the development of innovative de-escalation and disability awareness models among police and other first responders.

4



SCDD in the News:

<https://www.aviationpros.com/airports/press-release/21203639/mineta-san-jos-international-airport-mineta-san-jos-international-airport-introduces-sunflower-lanyard-program-to-ease-travel-for-people-with-disabilities>

To increase awareness of IDD in the community, SCDD staff, in collaboration with the Bay Area Regional Manager and San Jose Airport Administration, offered a training to San Jose Airport employees on the Sunflower Lanyard Hidden Disability identification program. This is the second of two trainings and included sharing a power-point, flyers, and videos. The aim is for SCDD to remain available to the airport for ongoing consultation.

NUMBER OF STAKEHOLDERS REACHED

Self-Advocates 252 Responses

11,417

Family-Advocates 266 Responses

49,947

Others 263 Responses

30,109

State Plan and Self-Advocacy Team:

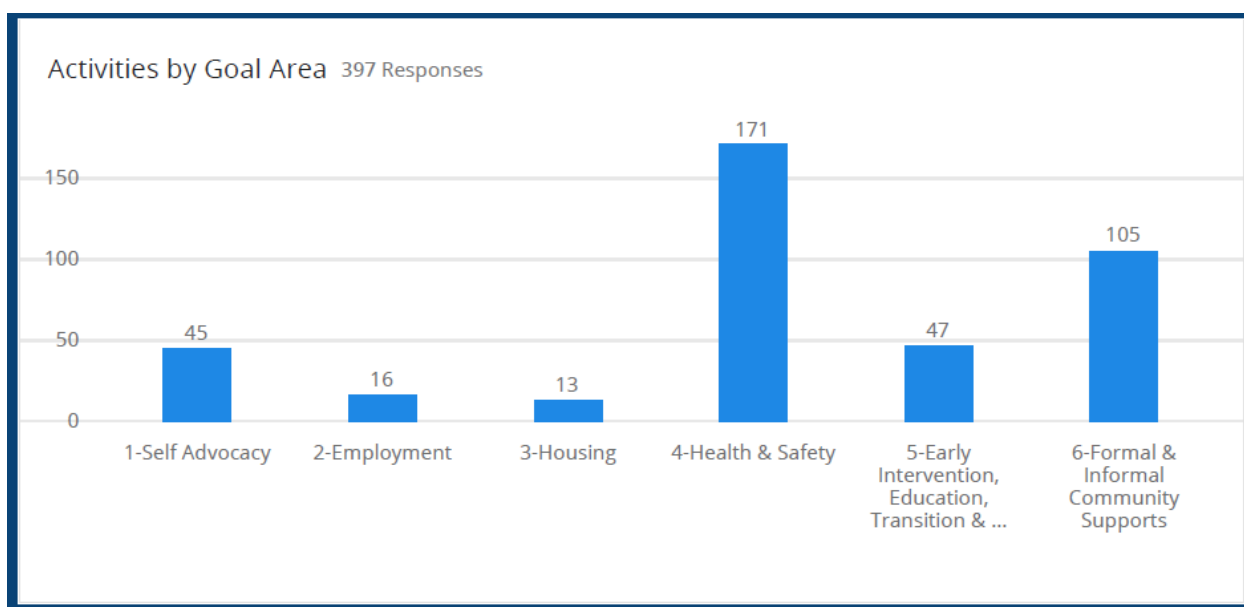
Statewide Self-Advocacy Chats to support interaction and gather input on preferred content have occurred on topics such as mental health and employment. The self-advocacy team is leveraging resources from the “Let’s Work” Project to teach networking skills.

SSAN Meeting held elections and appointed new members.

The state plan team reviewed and gathered data as well as expanded the data gathering and report creation capabilities of Qualtrics. This team worked collaboratively with ROMs to explore the most versatile and effective online resource library and training tool for technical assistance. This team also began preparation and data collection for the annual PPR report due in March.

The team works in collaboration with writer, Regional Office Managers and RACs to gather community feedback on regionally informed topics and issues for training in 2021.

ACTIVITY EXAMPLES BY STATE PLAN GOAL AREAS



FORMAL AND INFORMAL COMMUNITY SUPPORTS

- SDP Hearing to testify on RCOC's disencumbrance process and SDP implementation- At the request of a self-advocate and their parent, SCDD OCRO testified at a RCOC fair hearing on 12/18/20 to help lay the foundation and groundwork of SDP, as this was the first SDP fair hearing in Orange County and most ALJ's are unfamiliar with it. SCDD OCRO's participation in this hearing drives our work in systems change by explaining the foundation of SDP to a new audience and will allow staff to determine the need for additional training. SCDD answered questions including the role of SCDD in the I/DD service system, the purpose/intent of the Lanterman Act and authorization of services, PCP, SDP legislation, SDP

process, unmet needs, authorized/utilized services and practices RCOC has enacted that do not align with Lanterman Act.

- Staff and the liaison from the San Diego Regional Center provided an Information Session on Self-Determination to 10 interested family members. This is a monthly opportunity to provide information to the community as the option to receive services in a self-determination option will be available to all in June or July of 2021. Aside from the standard DDS Self-Determination Power Point, staff also inform participants of the public local SDAC meeting held every month, as well as how to sign up at DDS for updates, and how to request being added to the list of possible open spots for the current rollout of Self-Determination (although DDS has not provided any information on how the replacement clients will be selected). Questions are also noted which will be considered for addition to the FAQ which will be placed online.
- SCDD staff participates in the monthly meeting of the North Los Angeles Regional Center Disparity meeting. The purpose of this committee is to address issues of funding disparities by regional centers towards various groups of consumers and families, most notably Hispanic and Black families. At SCDD's request they are pursuing setting up a Spanish-language self-advocates group. SCDD staff also discussed the work of the vaccine advisory committee and role of SCDD executive director to represent the needs of people with developmental disabilities.
- SCDD staff provided training to Bugle Horn Autism Support Group on the ABLE act. The purpose was to provide the information needed for them to make an informed decision about establishing ABLE accounts with and for their children with disabilities.

EMPLOYMENT

- Staff provided technical assistance to North State Councilmember, who is a self-advocate, to prepare a testimony on her experiences working in a sheltered workshop earning sub-minimum wage and how working in the community earning minimum wage or better impacted her life on many levels. Staff also assisted in preparing her to participate in a meeting with a California Senator along with SCDD Executive Director, SCDD Deputy Director of Policy, Disability Rights California Executive Director and the Chair of the Council scheduled for January 6, 2021 from 12noon-1pm via Zoom. The purpose of the meeting is to educate and advocate for support

on pending Sub-Minimum Wage Bill legislation. Staff provided support during the planning meeting with the committee on January 4, 2021 at 9:30am to discuss the upcoming meeting, strategies and important points to make with the Senator. North State Councilmember developed a powerful testimony and was well prepared for the meeting.

- CIE Blueprint Orange County Local Partnership Agreement Meeting - SCDD Orange County staff is a committee member on the Competitive Integrated Employment (CIE) Blueprint Orange County Local Partnership Agreement Meeting, which met via Zoom on December 17, 2020. OC LPA was created to identify the ways where the local educational agencies (LEAs), Department of Rehabilitation (DOR), Regional Center of Orange County, and local community collaborators can work to streamline service delivery and increase CIE opportunities for individuals with I/DD. SCDD Staff provided input and discussion, as appropriate, with respect to the items discussed including the RCOC RFP for Self-Determination (coaching and promotion of self-advocates to become I/s), clarification of needs & gaps for those with IDD with respect to Be Well OC, and SCDD Monthly Self-Advocacy Chats.

EARLY INTERVENTION, EDUCATION, TRANSITION

- SCDD hosted a training on the new SEED Scholars Program at UC Davis with Beth Foraker, Co-Director, and Leonard Abbeduto, Ph.D. Director, UCD Mind Institute. The Redwood SEED Scholars Program will begin Fall 2021 at UC Davis campus in the dorms. 12 students with developmental disabilities will be selected to attend college and participate in employment training, independent living skills, core academics, budgeting, sexual health, job internships, and social inclusion. Receiving a 4-year degree is not the goal of the program. There are still many parts of the program that are being developed and the Covid Pandemic may influence the structure of the program soon. There are 26 similar programs around the country but none in California. They hope this will be a model for other UC campuses. This is a 4-year grant. Application process will be online, and students will be selected who can best fit the program design. 67 people registered for the class, 7 SA, 23 FA, and 37 Others

HEALTH AND SAFETY

- PPE Distribution events are well-attended and PPE demand remains high. A description of a regional event follows: Staff organized a weekly drive thru

PPE Distribution Event in Chico and Oroville through collaborative efforts between Far Northern Regional Center (FNRC), SCDD, North State Regional Office and Work Training Center (WTC). The events were scheduled for December 3rd, 10th, 17th and the 24th of December from 10am-2pm in 2 locations - WTC program sites in Chico and Oroville. The events were attended by a total of 500 people (300 SA's; 100 FA; 100 Other) and 725 kits were distributed. Kits include a box of surgical masks, box of N95 masks and 2-16oz. hand sanitizers. Agency brochures and emergency preparedness resources are also provided in each kit.

- SCDD staff participated in the bi-monthly Medi-Cal Dental Advisory Committee coordinated by the City of Sacramento Public Health Department. Staff have participated for several years. As the result of a presentation SCDD and ACRC staff gave to this committee last year on the challenges of access to general anesthesia dentistry in the Sacramento region for individuals with ID/DD, the MCDAC received funding to set up a Special Needs General Anesthesia Workgroup to meet for one year. That workgroup produced a report highlighting the needs of the ID/DD community related to accessing dental care. 4 new workgroups are tackling issues raised in this report. SCDD staff chairs one of these subcommittees and provided a summary of the 2 committees focused on "family education and dental provider trainings" and "increasing alternative to anesthesia dentistry for the ID/DD population". 4 family advocates attended this MCDAC meeting at the suggestion of SCDD staff.
- SCDD Sacramento Regional Office staff provided a 3-hour Disabilities Awareness Training to 34 officers of the Los Rios Community College Police Department. This was their entire department and included dispatch officers, campus security, police officers, and the Chief of Police. This department provides security for 4 community college campuses in the great Sacramento region. Due to increased contact with individuals with disabilities they requested this training. Due to the Pandemic, it was necessary to offer this training via Zoom. SCDD staff adapted the interactive in-person curriculum for a virtual format using Polls, Chat Box, and group participation. A family advocate and parent of a child with a developmental disability was a guest and shared her experience as a parent of an African American son with Autism. A transition teacher from Luther Burbank High School joined the training and shared his experiences with his students with

autism and shared suggestions from the students about the best ways to approach and interact with them. Disability history, current system supports, regional centers, the Lanterman Act, Conservatorship, and Autism and Cerebral Palsy were highlighted. Suggestions for ways to identify someone may have a disability and suggestions for ways to improve interactions with someone with a disability were discussed. Resources for students with disabilities and homelessness/mental illness were shared.

SELF-ADVOCACY

- SCDD hosts a weekly virtual meeting with self-advocates. The purpose of this meeting is to find out any issues people are facing as a result of the prolonged pandemic stay at home order as well as to provide a social outlet and information.

HOUSING

- FA in South Lake Tahoe requested information about housing options for her son in the community as she and her husband do "end of life" planning for themselves. They want to begin the process of helping their 30 year old son move out into his own living situation, with assistance, so that everything is set, in case something happens to them and they are no longer able to care for him at home (for example, there are situations of 2 elderly parents dying suddenly of COVID-19 and leaving an adult child with special needs - who needs to find an emergency residential placement). Provided FA with a detailed list of possible options and agencies that could support this planning process and connected her with another parent involved in this. Encouraged her to work with her ACRC SC.
- SCDD staff participated in the Community Living Implementation Council (CLiC) & Advisory Council for the Aging Disability Resource Connection (ADRC) for Nevada County. This group of 25 organizations serving the aging and disability population in Nevada county meets regularly to collaborate and coordinate services with a "no wrong door" philosophy. Organizations shared how they are adapting services during Covid and the struggles of placing individuals into various living situations due to Covid restrictions and staffing limitations. There is an increase in Covid in Nevada county which is now in the Purple Tier. SCDD staff offered PPE, they shared about a training tonight on Home and Community Based Services, and about a

training with DREDF on December 8th. They were referred to www.scdd.ca.gov for more information and links to recorded trainings.

STAKEHOLDER COMMENTS:

"It is obvious you are really good at your job. You listen and took the time to help me and my son. I'm lucky to have you as a resource."

CRA / VAS

Clients' Rights Advocacy and Volunteer Advocacy Services

SCDD AT WORK INSIDE CALIFORNIA DDS STATE OPERATED FACILITIES

Developmental Center/Community Facility/STAR Unit Census as of January 1, 2021

Total Population: 258

Porterville DC **200**

Central STAR **5**

Southern STAR **3**

Canyon Springs CF **40**

Desert STAR **10**

Program Activity for November and December 2020

COVID-19 Update

SCDD issued an emergency telework plan on March 16, 2020. CRA/VAS staff serve clients at the facilities on a rotating basis. DDS issued a no visitor policy at all state operated facilities in March 2020. All DDS and CRA/VAS staff working on grounds are screened daily, provided a mask, and tested if there is a known positive in the facility. The DDS facility I/DD surge bed units at Porterville and Fairview DCs are in full operation. On January 1, there were 9 admitted to the Fairview DC Surge Unit and 1 admitted to the Porterville DC Surge Unit.

CRA/VAS team continues to assist SCDD Regional Offices to distribute PPE and emergency backpacks in the local regional areas.

Canyon Springs Community Facility and Desert STAR Unit

CRA reviewed 2 denial of rights; 4 IPPs; 4 human rights/behavioral meetings, 5 transition meetings, facilitated 6 self-advocacy meetings, attended 8 Emerging Risk Notification; assisted with 1 request for release, assisted 4 clients with court communication, provided 4 rights and other trainings staff. VAS attended 5 IPPs, 18 transition meetings, 3 court hearings, 2 denial of rights meeting, 1 human rights/behavior, 1 self-advocacy meetings, VAS Coordinator attended 8 meetings and/or trainings. VAS Advocate assisted a client to transfer to a new home due to unsafe circumstances in prior placement. VAS Advocate facilitated mental health treatment for a client in the community. VAS Advocate assisted client in obtaining a birth certificate from outside the US.

Southern STAR Unit and Former FDC Individuals in the Community

CRA attended following meetings for Southern STAR residents: 15 transition/special/IPP, 5 STAR transition meetings, 1 IEP meeting. VAS Coordinator and advocates attended 2 health care reviews, and 14 IPP meetings, 7 program review meetings and made over 24 follow up contacts for individuals who transitioned from Fairview DC. SCDD VAS program at FDC ends on January 31, 2021 after serving individuals for 12 months after transition to the community.

Porterville Developmental Center and Central STAR Unit

CRA attended 6 human rights meetings, 1 IPPs, 4 transition meetings, 8 escort reviews, 5 denial of rights reviews, provided conducted 1 staff training, submitted 4 incident reports, 5 committee meetings and trainings. VAS serves 55 people at PDC and in the community. The program attended: 11 IPPs, 17 transition meetings, 1 escort review, 2 denial of rights, provided 1 self-advocacy training, 1 RAC meeting, 2 self-determination committee meetings, 2 Regional Project meetings, 1 PDC quality management advisory meeting. SCDD will be posting for the CRA position at PDC.

SCDD CRA/VAS Advocacy team filed and won a Welfare and Institutions Code Section 4731 Civil Rights Complaint on behalf of individuals living in a state operated facility. Through SCDD efforts, DDS overturned a policy that unduly restricts individual financial management.

Quality Assessment Project Report

January 2021

Cycle: In-Person Survey Cycle (IPS)

The IPS launched in mid-December 2020. During this cycle, a random sample of individuals 18 years old and older, receiving at least one regional center funded service other than case management will be surveyed. Participation in these surveys remain voluntary.

In response to the pandemic and the precautions necessary to ensure the safety of everyone involved in the survey process, surveys are being conducted remotely by SCDD staff and contracted surveyors using Zoom Healthcare, a HIPPA compliant video conferencing platform. The target for all 21 regional centers remains 400 each for a statewide goal of 8400 surveys.

To conduct these remote surveys, SCDD has successfully recruited approximately 180 independent contractors statewide including 47 family members, and 14 self-advocates. Additionally, approximately 60% of surveyors are experienced and have conducted surveys for SCDD in prior cycles.

Table 1: Surveyor Languages

Armenian	Farsi	Macedonian	Spanish
ASL	French	Mandarin	Tagalog
Bulgarian	Italian	Portuguese	Vietnamese
Cantonese	Japanese	Russian	
English	Korean	Serbian	

Table 2: Surveyor Race/Ethnicity

American Indian or Alaska Native	2%
Asian (Asian Indian, Chinese, Japanese, Korean, Vietnamese or Other Asian)	8%
Black or African-American	15%
Don't Know	1%
Hispanic/Latino (Mexican-American, Chicano Puerto Rican, Cuban or Other Spanish/Hispanic/Latino)	36%
Other race not listed	3%
Pacific Islander (Filipino, Native Hawaiian, Guamanian or Chamorro, Samoan or other Pacific Islander)	3%
White	33%

Training and Shadowing:

Training for all surveyors and QACs was completed in December 2020. Training consisted of a 2 ½ hour live webinar and 11 self-paced modules (see Table 3)

December 2020/January 2021 is the rollout period with new surveyors participating in shadows at least 3 times. Shadows consist of new surveyors observing the QAC during at least one survey and the QAC observing the new surveyor at least twice successfully before the new surveyor can conduct any surveys independently. Each shadow involves a debriefing after the conclusion of the survey.

Veteran surveyors, while able to immediately conduct surveys, will also be shadowed successfully at least once.

Table 3: Training Modules

Module #	Training Module
1	National Core Indicators (NCI) Overview
2	Setting up the NCI Survey
3	In Person Survey (IPS) Survey Structure
4	Proxy Respondents and Interpreters
5	Conducting the Proxy Determination
6	IPS Survey Review
7	Best Practices
8	Knowledge Check (Modules 1-8)
9	Protocols and Guidelines with Knowledge Check
10	Mandated Reporter Certification
11	Sexual Harassment

Below, in Table 4, is progress to date of completed surveys as of 1/12/2021. An additional 210 surveys have been conducted but not yet reviewed and approved.

Table 4: IPS Progress

RC	Goal	Dec 2020	Jan 2021	YTD Completed	% Completed
ACRC	400	0	0	0	0%
CVRC	400	0	0	0	0%
ELARC	400	1	1	2	1%
FDLRC	400	3	3	6	2%
FNRC	400	4	0	4	1%
GGRC	400	11	5	16	4%
HRC	400	2	0	2	1%
IRC	400	0	4	4	1%
KRC	400	0	0	0	0%
NBRC	400	11	3	14	4%
NLARC	400	1	3	4	1%
RCEB	400	0	3	3	1%
RCOC	400	2	18	20	5%
RCRC	400	2	2	4	1%
SARC	400	0	5	5	1%
SCLARC	400	0	0	0	0%
SDRC	400	0	9	9	2%
SGPRC	400	1	4	5	1%
TCRC	400	0	0	0	0%
VMRC	400	0	0	0	0%
WRC	400	2	6	8	2%
Total	8400	40	66	106	1%

For Statewide and Regional Center Reports regarding past completed survey cycles, please go to: <https://www.dds.ca.gov/rc/nci/>

Mover Longitudinal Study (MLS)

All Mover Longitudinal In-Person interviews continue to be suspended as of March 17, 2020 due to the Covid-19 crisis. The MLS is now scheduled to resume in February 2021.

MLS cohorts however, will no longer be followed past 2 years post and the Early Closure cohorts will no longer be followed as well. This reduces the Mover Longitudinal Study enrollment from 612 to 313.

There have been no changes since last reported: MLS In-Person interviews completed to date statewide is 1,963. Please see Table 1 on the following page for Regional Center and Survey Type breakdown.

Table 5: MLS In-Person Surveys Completed

Regional Center	3 Month	6 Month	1 Year	2 Year	3 Year	4 year	Total
Alta California	55	51	48	40	7	0	201
Central Valley	53	49	41	35	15	6	199
East Bay	85	84	83	38	11	3	304
Eastern LA	5	5	5	2	2	1	20
Far Northern	10	10	10	8	4	0	42
Frank D. Lanterman	4	4	3	3	1	0	15
Golden Gate	67	67	67	44	12	3	260
Harbor	10	9	10	6	4	1	40
Inland	4	4	4	1	1	0	14
Kern	25	20	17	11	7	0	80
North Bay	79	76	75	25	14	0	269
North LA County	11	11	10	10	6	1	49
Orange County	62	58	30	10	8	1	169
Redwood Coast	3	3	3	3	2	0	14
San Andreas	6	6	6	4	0	0	22
San Diego	39	25	23	18	8	1	114
San Gabriel/Pomona	5	5	4	3	3	0	20
South Central LA	18	17	16	10	2	1	64
Tri-Counties	10	9	5	3	1	0	28
Valley Mountain	3	3	3	1	1	0	11
Westside	8	7	7	6	0	0	28
Grand Total	562	523	470	281	109	18	1963

JANUARY 26, 2021

**AGENDA ITEM
INFORMATION ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Statewide Self-Advocacy Network (SSAN) Report

The Statewide Self-Advocacy Network (SSAN), which is a project of the Council, provides a Summary Report of their recent activities. The SCDD SSAN Representative will provide Councilmembers with a short presentation on the SSAN report.

Attachment

December 2020 SSAN Report

Recent Activity: The Statewide Self-Advocacy Network (SSAN) held their last meeting of 2020 on December 8th & 10th, 2020 using Zoom.

Focus of Meeting:

Due to COVID—19 concerns, the December 2020 SSAN was held over two days using Zoom. Day 1 of the meeting focused on updates from the State Council on Developmental Disabilities (SCDD), the California Department of Developmental Services (DDS), Approval of the 2019—2020 SSAN Annual Report, Approval of the December 2020 edition of the SSAN Newsletter, nominations for SSAN Officers, and planning for the March 2021 meeting. Elections of the SSAN Officers were held on Day 2.

SCDD Executive Director Aaron Carruthers provided SSAN members with an update on SCDD activity since the September SSAN meeting. This update included information on the December 1, 2020 Council meeting, the agency's ongoing efforts to distribute personal protective equipment (PPE) to Californians with Intellectual and Developmental Disability (I/DD), as well as SCDD's collaboration on the film "Let's Work" and efforts to promote competitive integrated employment (CIE). SCDD Executive Director Aaron Carruthers is a member of the Governor's Vaccine Advisory Committee, advocating that Californians with I/DD be prioritized in any vaccine distribution plans. SSAN members are encouraged to share their thoughts/fears/questions by participating in the [SCDD COVID-19 Vaccine Survey](#). SCDD continues to monitor public safety powers shutoffs (PSPS) and educate communities about how to prepare for an emergency.

Representatives from the California Department of Social Services (DDS) provided members with an update on the department's efforts to adapt their service delivery model in order to meet the needs of Californians with I/DD during the COVID—19 pandemic. DDS held a series of Symposiums on Innovative and Alternative Services during the months of October and November, the series can be accessed on the [Creative Corner](#) section of the DDS website. Check out the [Alternative Nonresidential Services Page](#) on the DDS website for more information about DDS efforts to meet the needs of Californians with I/DD during the COVID—19 State of Emergency.

Actions Taken:

- Approved the Agenda for the December 2020 SSAN Meeting
- Approved the Minutes from the September 2020 SSAN Meeting
- Approved the 2019—2020 SSAN Annual Report
- Approved the December 2020 Edition of SSAN Newsletter
- Nominated and Elected SSAN Officers to serve from December 2020 through December 2022.

2018—2020 SSAN Leadership:

Chair: Nicole Patterson, DDS Representative

Vice-Chair: Desiree Boykin, ARCA Representative

Secretary: Lisa Cooley, Sacramento Regional Representative

2020—2022 SSAN Leadership:

Chair: Desiree Boykin, ARCA Representative

Vice-Chair: Paul Mansell, SCDD San Diego Regional Representative

Secretary: Robert Levy, UC Davis MIND Institute UCEDD Representative

SSAN Workgroups:

- Officers
- Membership
- Self-Determination
- Employment
- Legislative and Civic Engagement
- Newsletter and Communications
- Youth Engagement

The next SSAN Meeting is scheduled for March 2021 over Zoom. Please visit the [SSAN Page](#) on the SCDD website for more information.

JANUARY 26, 2021

**AGENDA ITEM 10
INFORMATION ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Member Spotlight: Kara Ponton and Aubyn Stahmer

Councilmembers Kara Ponton and Aubyn Stahmer will provide brief presentations as part of a new series for 2021, “Member Spotlights.”

JANUARY 26, 2021

**AGENDA ITEM 11
INFORMATION ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

2021-2022 Governor's Proposed Budget

Councilmember Brian Winfield of the Department of Developmental Services (DDS) will present a summary of the 2021-2022 Governor's Proposed Budget. DDS' executive highlights of the budget have been included in the packet for informational purposes.

Attachments

2021-2022 Health and Human Services Governor's Budget Summary
(page 60)

2021-2022 Department of Developmental Services Governor's
Budget Highlights (page 90)

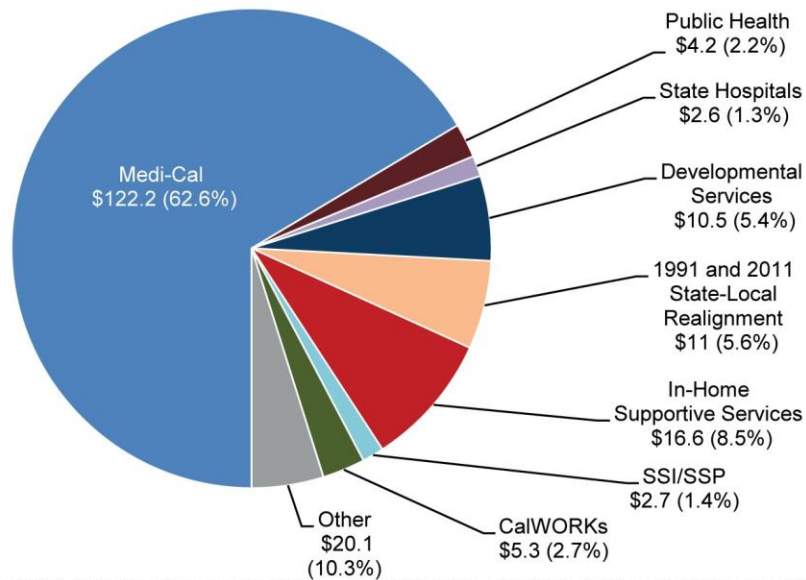
HEALTH AND HUMAN SERVICES

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. Along with the Governor's Office of Emergency Services, the Agency is leading the response to the COVID-19 Pandemic. The Budget includes \$195.1 billion (\$64.3 billion General Fund and \$130.8 billion other funds) for all health and human services programs. This does not include all pandemic response costs. (See COVID-19 Pandemic Response Chapter for more details.)

The COVID-19 Pandemic is having a significant impact on the programs under the Health and Human Services Agency. The Budget assumes that the COVID-19 Pandemic emergency response continues at some level until December 2021. This includes the enhanced Federal Medical Assistance Percentage (FMAP) provided to support the state's Medi-Cal program.

To help address projected structural deficits, the 2020 Budget Act assumed the suspension of various health and human services investments effective July 1, 2021 and December 31, 2021. Given the improved revenue outlook in the short term, the Budget proposes to delay these suspensions by one year. 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.

Health and Human Services Proposed 2021-22 Funding^{1/}
All Funds
(Dollars in Billions)



^{1/} Totals \$195.1 billion for support, local assistance, and capital outlay. This figure includes reimbursements of \$17.9 billion and excludes \$305,000 in Proposition 98 funding in the Department of Developmental Services budget 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

	2020-21 Revised	2021-22 Estimate	Change
Medi-Cal	13,970,800	15,603,800	1,633,000
California Children's Services (CCS) ^{1/}	14,571	14,571	0
CalWORKs	405,317	482,436	77,119
CalFresh	2,167,167	2,559,491	392,324
SSI/SSP (support for aged, blind, and disabled)	1,201,565	1,188,055	-13,510
Child Welfare Services ^{2/}	111,204	110,817	-387
Foster Care	56,923	57,899	976
Adoption Assistance	88,849	89,239	390
In-Home Supportive Services	570,411	592,829	22,418
Regional Centers	357,819	386,431	28,612
State Hospitals ^{3/}	6,162	6,361	199
Developmental Centers ^{4/}	322	322	0
Vocational Rehabilitation	108,000	108,000	0

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

^{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 at State Hospitals, county Jail-Based Competency Treatment programs, and Kern Admission, Evaluation and Stabilization center.

^{4/} Represents the year-end population.

MAKING HEALTH CARE MORE AFFORDABLE

More than ever, the COVID-19 Pandemic has underscored the need to expand coverage and increase affordability of health care for all. The state has made significant investments in recent years to expand coverage and increase the affordability of health care, including:

- 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;
- Instituting a state individual mandate to stabilize the health insurance market;
- 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;
- Extending Medi-Cal to income-eligible young adults regardless of immigration status;
- Addressing the high costs of prescription drugs;
- Restoring optional benefits (most were preventative services) and extending full-scope Medi-Cal coverage to new mothers with a maternal mental health diagnosis; and
- Expanding preventative services with a specific focus on screening for adverse childhood experiences.

These improvements are providing more Californians with coverage and strengthening the health care system during the COVID-19 Pandemic. Keeping people covered and healthy slows the growth of the average Californian's personal health care expenses and encourages the provision of preventative and primary care services.

The Budget takes additional steps to make health care more affordable, including establishing an Office of Health Care Affordability and a system to better use health data to improve health outcomes and address health equity.

OFFICE OF HEALTH CARE AFFORDABILITY

Improving the affordability of health coverage will benefit millions of working Californians, and this endeavor must be accompanied by efforts to address underlying cost drivers. The Budget builds on the Health Care Payment Database, which enables

the Office of Statewide Health Planning and Development to collect and analyze granular utilization and cost data.

Given the size and complexity of California's health care system, the Budget includes \$11.2 million in 2021-22, \$24.5 million in 2022-23, and \$27.3 million in 2023-24 and ongoing from the Health Data and Planning Fund to establish the Office of Health Care Affordability.

This Office will be charged with increasing transparency on cost and quality, developing cost targets for the health care industry, enforcing compliance through financial penalties, and filling gaps in market oversight of transactions that may adversely impact market competition, prices, quality, access, and the total cost of care. In addition to lowering costs, the Office will promote health care workforce stability and training needs, report quality performance and equity metrics on the entire health care system, advance payment models that reward high-quality, cost-efficient care, and promote investments in primary care and behavioral health.

The Office of Statewide Health Planning and Development's programs for data assets and health care workforce development and the Office of Health Care Affordability's focus on health care cost containment present an opportunity for the Administration to better align these priorities. The Administration will submit a proposal in the spring recasting the Office of Statewide Health Planning and Development and the proposed Office of Health Care Affordability under the umbrella of a Department of Health Care Affordability and Infrastructure. The Department will be the dedicated entity within state government with subject matter expertise on health care affordability and infrastructure.

UTILIZING HEALTH INFORMATION EXCHANGE

It is imperative that the state expand the use of clinical and administrative data to better understand the health and social needs of individual patients in order to achieve high-quality, efficient, safe, and timely service delivery while improving outcomes. These goals can be accomplished by building and supporting the infrastructure and information systems to facilitate secure and appropriate exchange of electronic health information among health care providers.

Despite significant federal investment over the past 10 years for adoption of electronic health records and creation of health information exchanges, most patients' medical information, including clinical histories, medications, and test results, is stored on paper or across hundreds of disparate electronic health record systems. The goals of improved

health outcomes and affordability cannot be achieved without unified patient health records and digital infrastructure to support a more integrated provision of health and human services.

To further build on the promise of health information exchange, the Administration is interested in accelerating the utilization and integration of health information exchanges as part of a network that receives and integrates health data for all Californians. The building and operation of the network of exchanges will leverage existing investments in health information exchange and look for additional federal funding in alignment with federal interoperability rules. To do this the state must:

- Enable the right access to health information at the right time resulting in improved health and outcomes for all Californians;
- Identify and overcome the barriers to exchanging health information between public programs, as well as with California providers and consumers; and
- Engage consumers and their providers in managing medical, behavioral and social services through appropriate, streamlined access to electronic health information.

The Administration envisions an environment where health plans, hospitals, medical groups, testing laboratories, and nursing facilities—at a minimum, as a condition of participating in state health programs such as Medi-Cal, Covered California and CalPERS—contribute to, access, exchange, and make available data through the network of health information exchanges for every person.

IMPROVING HEALTH EQUITY

The COVID-19 Pandemic has exposed long-standing health inequities seen among people of color. The pandemic has also highlighted systemic racism and discrimination that has created social, economic, and health inequities contributing to disproportionately higher infection and mortality rates for both chronic and infectious diseases; and COVID-19 incidence has been disproportionate in Black, Latinx, and Pacific Islander populations. The higher prevalence of underlying health conditions such as diabetes, obesity, and hypertension among communities of color increases the likelihood of more severe outcomes.

California was the first state in the nation to implement a health equity metric as part of the Blueprint for a Safer Economy framework. The equity metric requires counties to demonstrate an improvement in COVID-19 test positivity rates in neighborhoods facing

the most severe impacts. Addressing differential infection rates in disadvantaged communities is critical to safely reopening California's economy.

Health equity has been a key focus of the Administration and the COVID-19 Pandemic has accelerated the need for additional action. The Budget builds on these efforts to address the need for a more culturally and linguistically competent and responsive health and social services system. The Budget proposes the following initiatives expressly addressing health inequities:

- **Health Plan Equity and Quality Standards**—This spring, the Administration will propose an investment for the Department of Managed Health Care, in collaboration with other entities, to establish a priority set of standard quality measures for full service and behavioral health plans, including quality and health equity benchmark standards, and to take enforcement actions against non-compliant health plans.
- **Improving Equity Through Managed Care Plan Reprocurements**—As Medi-Cal and Covered California managed care plan contracts come up for renewal, the Administration will work to include a focus on health disparities and cultural and language competency through health plan contractual language with a framework similar to the Blueprint equity metric.
- **Analysis of COVID-19 Impacts**—The Budget includes \$1.7 million General Fund in 2021-22 and \$154,000 General Fund in 2022-23 and ongoing for the California Health and Human Services Agency to conduct an analysis of the intersection of COVID-19, health disparities, and health equity to help inform any future response.
- **Community Navigators**—The Budget includes \$5.3 million (\$3.2 million General Fund) for the Department of Developmental Services to contract with family resource centers to implement a navigator model statewide. The navigator model would utilize parents of individuals in the regional center system to provide education on resources, advocacy, and mentorship to other parents of individuals being served by the regional center system. The purpose of navigators is to increase service authorization and utilization in diverse communities, furthering health equity within the developmental services system. Funding includes resources for a one-time independent evaluation focused on improving the effectiveness of existing disparity projects.

Addressing health disparities created by systemic racism and discrimination are also central to many of the other budget proposals described later in this Chapter. In addition, the Budget includes \$4.1 million (\$3.7 million General Fund) in 2021-22 and

\$2.1 million (\$1.6 million General Fund) ongoing for the Health and Human Services Agency to further reorient the administration of its programs through the use of data and the development of an equity dashboard.

ADDRESSING AGING IN CALIFORNIA

In June 2019, the Governor issued an executive order calling for a 10-year Master Plan for Aging to support aging well across the lifespan. California's 65 and over population is projected to grow to 8.5 million by 2030, nearly doubling from 2010 and increasing from 11.5 percent of the population to 20 percent. The Governor also established a Task Force on Alzheimer's Prevention and Preparedness, chaired by Former First Lady Maria Shriver, to tackle the policy and health challenges faced by the growing number of people living with dementia—more than 690,000 Californians have a diagnosis of Alzheimer's and more than 1.6 million people are responsible for providing care.

Nearly 80 percent of all Californians who have died from COVID-19 in 2020 were age 65 or older. Moreover, nearly 40 percent of all Californians who died from COVID-19 in 2020 were living in nursing homes; early data suggest people with dementia have experienced especially high rates of cases and death. Millions more older and at-risk adults remained home to stay healthy and, as a result, faced isolation and interruption to essential activities, including caregiving. Black, Latinx, and Pacific Islander older Californians have been disproportionately impacted by COVID-19.

The Budget recognizes the extraordinary challenges older Californians and their families face during the COVID-19 Pandemic, and proposes a range of investments to increase opportunities for Californians to age well over the next decade, including developing new strategies with the federal government to leverage Medicare to provide additional long-term services and supports.

The Governor will appoint a Senior Advisor on Aging, Disability and Alzheimer's to advance cross-Cabinet initiatives and partnerships between government, the private sector, and philanthropy, such as closing the digital divide, transportation options beyond driving, and caregiving workforce solutions, for Californians of all ages. The Budget includes a \$5 million General Fund placeholder for spring proposals to further implement the Master Plan for Aging.

To drive innovation in top priorities identified in the Master Plan for Aging, the Budget makes the following targeted investments:

- **Medicare Innovation and Integration**—The Administration plans to submit a proposal in the spring for state operations to establish a new Office of Medicare Innovation and Integration that will explore strategies and models to strengthen and expand low- and middle-income Californians' access to high-quality services and supports, while developing new partnerships with the federal government.
- **Expanded Facilities to Support Housing**—The Budget includes \$250 million one-time General Fund for the Department of Social Services to acquire and rehabilitate Adult Residential Facilities (ARF) and Residential Care Facilities for the Elderly (RCFE) with a specific focus on preserving and expanding housing for low-income seniors who are homeless or at risk of becoming homeless. See the Housing and Homelessness Chapter for more information.
- **Aging and Disability Resource Connections (ADRC)**—The Budget delays suspension of and expands ADRCs, or “No Wrong Door,” networks currently serving approximately one-third of the state to serving the entire state. These centers provide people with “one stop” telephone and online access to information and assistance with aging, disability, and Alzheimer's, in multiple languages and with cultural competencies. The Budget provides \$7.5 million in 2021-22, half-year funding of \$5 million in 2022-23, and is subject to suspension on December 31, 2022.
- **IHSS COVID-19 Back-up Provider System**—The Budget includes \$5.3 million one-time General Fund in 2021-22 to extend the back-up provider system and back-up provider wage differential to avoid disruptions to caregiving until December 2021. The Administration will evaluate the need of an IHSS provider backup system for severely impaired individuals as the state recovers from the effects of the COVID-19 Pandemic.
- **Increased Geriatric Care Workforce**—The Budget includes \$3 million one-time General Fund for the Office of Statewide Health Planning and Development to grow and diversify the pipeline for the geriatric medicine workforce, as the increasing and diversifying numbers of older adults living longer lives require developing a larger and more diverse pool of health care workers with experience in geriatric medicine.

EQUITABLE PATH FORWARD ON ALZHEIMER'S

The Budget proposes a comprehensive and coordinated approach to Alzheimer's with an emphasis on communities of color and on women, who are disproportionately susceptible to the disease and the primary providers of caregiving. Investments to be administered by the Department of Public Health are five-pronged: \$5 million one-time General Fund for a public education campaign on brain health; \$4 million one-time

General Fund for new training and certification for caregivers; \$2 million one-time General Fund for expanded training in standards of care for health care providers; \$2 million one-time General Fund for grants to communities to become dementia-friendly; and \$4 million one-time General Fund for research to strengthen California's leadership on disparities and equity in Alzheimer's.

ADDRESSING BEHAVIORAL HEALTH

The COVID-19 Pandemic is having a myriad of impacts on individuals and families. Stay at home orders, which have been necessary to save lives, have also increased isolation for seniors. Families have also struggled with schools closed to in-person instruction and children without many normal physical and social outlets. In addition, the COVID-19 Pandemic induced recession has left many households with increased worry about how they will maintain food and shelter. With this backdrop, the Administration is focused on improving outcomes and expanding access to preventative services through county behavioral health departments and schools. These efforts build on resources provided in the 2020 Budget Act for the Department of Managed Health Care's behavioral health-focused investigations and enforcement of commercial health plan compliance with parity laws.

STUDENT MENTAL HEALTH

COVID-19 stay-at-home orders and school closures have impacted students and caused additional stress and anxiety. Early identification and treatment through school-based, or school-linked, services can reduce emergency room visits, crisis situations, inpatient stays, placement in high-cost special education settings, and out of home placement.

The Budget includes one-time \$400 million (\$200 million General Fund), available over multiple years, for the Department of Health Care Services to implement an incentive program through Medi-Cal managed care plans, in coordination with county behavioral health departments and schools. This innovative effort seeks to build infrastructure, partnerships, and capacity statewide to increase the number of students receiving preventive and early intervention behavioral health services from schools, providers in schools, or school-based health centers.

Additionally, the Budget includes \$25 million one-time Mental Health Services Fund, available over five years, for the Mental Health Services Oversight and Accountability Commission to augment the Mental Health Student Services Act Partnership Grant

Program, which funds partnerships between county mental health plans and school districts.

Further, the Budget includes \$25 million ongoing Proposition 98 General Fund to fund innovative partnerships with county behavioral health departments to support student mental health services. This funding would be provided to local educational agencies as a match to funding in county Mental Health Services Act (MHSA) spending plans dedicated to the mental health needs of students. See the K-12 Education Chapter for additional information.

STRENGTHENING COUNTY BEHAVIORAL HEALTH

County behavioral health programs are supported by a combination of 2011 Realignment, MHSA, and other county funding sources, and are responsible for organizing and overseeing local mental health and substance use disorder programs, including specialty mental health for Medi-Cal and uninsured patients. Counties work with Medi-Cal managed care plans to deliver mild and moderate services and provide specialty mental health services not included in managed care plans. The Budget includes several different efforts to improve and add needed infrastructure to county behavioral health programs, including support for individuals acutely impacted by mental illness.

The COVID-19 Pandemic has necessitated changes in the demand for behavioral health services and the delivery of these benefits. Therefore, the Budget proposes statutory changes to extend flexibilities in county spending of local MHSA funds that were included in the 2020 Budget Act in response to the COVID-19 Pandemic for an additional fiscal year. The statutory changes authorize counties to spend down their local MHSA prudent reserves, as opposed to requesting county-by-county authority from the state. Further, the changes authorize counties to spend funds within the Community Services and Supports program component regardless of category restrictions to meet local needs. Lastly, the changes authorize counties to use their existing approved MHSA spending plans, if a new plan is delayed because of COVID-19-related reasons.

As discussed later in this chapter, the Administration is proposing the California Advancing and Innovating Medi-Cal (CalAIM) Initiative to make Medi-Cal, including behavioral health benefits, more consistent and seamless, by among other things, revising behavioral health medical necessity, implementing payment reform, and working toward administrative integration.

The Budget also includes \$750 million one-time General Fund for competitive grants to counties to acquire and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources. These community resources are needed to address individuals experiencing a crisis and are a critical component of an overarching framework to solve and not just mitigate homelessness. The Administration is also exploring opportunities to repurpose relinquished adult jail bond financing to add to this effort. See the Criminal Justice Chapter for more information.

The Budget also proposes to greatly expand the community treatment programs for the felony incompetent to stand trial population. This includes a demonstration project that will streamline services to drive improved outcomes for individuals with serious mental illness and reduce recidivism in this population.

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 that 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; behavioral health; 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, adult 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 \$117.9 billion (\$22.5 billion General Fund) in 2020-21 and \$122.2 billion (\$28.4 billion General Fund) in 2021-22. The Budget assumes that caseload will increase approximately 10.1 percent from 2019-20 to 2020-21 and increase approximately 11.7 percent from 2020-21 to 2021-22. Medi-Cal is projected to cover approximately 15.6 million Californians, nearly 40 percent of the state's population, in 2021-22.

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

Medi-Cal has significantly expanded and changed over the last ten years, in large part due to California's implementation of the federal Patient Protection and Affordable Care Act. Since implementing the 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. Fragmentation of service delivery increases the need for care coordination, increases complexity, and results in greater health inequities. To improve clinical outcomes and assist beneficiaries with navigating this complex system, the Department is seeking to better coordinate and integrate these delivery systems to achieve more equal health outcomes for all across the entire continuum of care.

To this end, the Department is launching CalAIM, 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. CalAIM proposes to provide a wider array of services and supports for patients with complex and high needs.

CalAIM has three primary goals:

- Identify and manage member risk and need through whole person care approaches and addressing social determinants of health;
- Make Medi-Cal more consistent and seamless by reducing complexity and increasing flexibility; and
- Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation 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 CalAIM 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 mental health challenges and substance use disorders, and individuals involved in the justice system—to the services they need. Attaining these goals will have significant impacts on individuals' health and quality of life and through iterative system transformation, will ultimately reduce healthcare costs over time.

To implement CalAIM effective January 1, 2022, the Budget includes \$1.1 billion (\$531.9 million General Fund) in 2021-22, growing to \$1.5 billion (\$755.5 million General Fund) in 2023-24.

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 2024-25, the Administration proposes to phase out infrastructure funding, resulting in ongoing costs of about \$846.4 million (\$423 million General Fund) per year.

This effort will be complemented by \$750 million one-time General Fund for competitive grants to counties to acquire and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources. The Administration is also exploring opportunities to repurpose relinquished adult jail bond financing to add to these efforts. See the Criminal Justice Chapter for additional details.

Other Significant Adjustments:

- **2020-21 Budget**—The Budget reflects lower expenditures in the Medi-Cal program of approximately \$1.2 billion General Fund in 2020-21 compared with the 2020 Budget Act. The decrease is due primarily to reduced COVID-19 caseload costs, additional enhanced Federal Medical Assistance Percentage (FMAP), reduced costs associated with the state-only claiming adjustment, and additional Hospital Quality Assurance Fee (HQAF) savings. These reduced General Fund costs are partially offset by a one-time retroactive correction to managed care rates associated with dual-eligible beneficiaries and an increase in deferred federal fund claims.
- **COVID-19 Medi-Cal Caseload Impacts**—The Budget projects an average monthly caseload of 14 million beneficiaries in 2020-21 and 15.6 million beneficiaries in 2021-22, and includes \$5.4 billion (\$1.7 billion General Fund) in 2020-21 and \$13.5 billion (\$4.3 billion General Fund) in 2021-22 for increased caseload attributable to the COVID-19 Pandemic. Caseload is projected to peak at 16.1 million beneficiaries in January 2022, driven by the federal continuous coverage requirement related to the COVID-19 Public Health Emergency and the COVID-19 induced recession.
- **Additional COVID-19 Impacts**—The Budget includes net costs of \$1.9 billion total funds (\$2 billion General Fund savings) for COVID-19 impacts, including enhanced FMAP savings, vaccine administration costs, and federal waiver flexibilities. The

Budget assumes enhanced FMAP savings and flexibilities will remain in effect through the last quarter of calendar year 2021.

- **State-Only Claiming Adjustment**—The Budget includes \$249.8 million General Fund in 2020-21 and \$279.1 million General Fund in 2021-22 for retroactive and ongoing dental, pharmacy, and managed care, targeted case management, and behavioral health costs associated with state-only populations.
- **Medi-Cal Rx**—The Budget includes costs of \$219.9 million (\$70.2 million General Fund) in 2020-21 and savings of \$612.7 million (\$238.2 million General Fund) in 2021-22 associated with the carve-out of the Medi-Cal pharmacy benefit from managed care to fee-for-service, effective April 1, 2021. Full annual savings are projected to be approximately \$1.2 billion (\$419 million General Fund) by 2023-24.
- **Reinstatement of Adult Acetaminophen and Cough/Cold Products**—The Budget reflects annual savings of \$21 million (\$7.8 million General Fund) to reinstate over-the-counter adult acetaminophen and cough/cold products as covered Medi-Cal benefits effective July 1, 2021. Coverage of these products was temporarily reinstated effective March 1, 2020, as part of the state's federally approved COVID-19 waiver flexibilities.
- **Medi-Cal Coverage of Continuous Glucose Monitors**—The Budget includes \$12 million (\$4.2 million General Fund) in 2021-22 and ongoing to add continuous glucose monitors as a covered Medi-Cal benefit for adult individuals with type 1 diabetes, effective January 1, 2022. This proposal increases health equity.
- **Telehealth Flexibilities in Medi-Cal**—The Budget includes \$94.8 million (\$34 million General Fund) ongoing to expand and make permanent certain telehealth flexibilities authorized during COVID-19 for Medi-Cal providers, and to add remote patient monitoring as a new covered benefit, effective July 1, 2021. This effort will expand access to preventative services and improve health outcomes, thereby increasing health equity.
- **County Administration**—The Budget includes an ongoing increase of \$65.4 million (\$22.9 million General Fund) in 2021-22 for county eligibility determination activities based on growth in the California Consumer Price Index.

PROPOSITION 56 SUPPLEMENTAL PAYMENT PROGRAMS

Given an improved revenue outlook in the short term, the Budget delays the suspension of Proposition 56 programs by 12 months and includes a total of \$3.2 billion (\$275.3 million General Fund, \$717.8 million Proposition 56 Fund, and \$2.2 billion federal

funds) for these programs in 2021-22. (The Budget would have otherwise included \$759.9 million General Fund savings if the suspensions were not delayed.) The General Fund partially supports supplemental payment programs at current levels now that program costs exceed declining tobacco tax revenues, due primarily to the assumed implementation of the ban on flavored tobacco and vaping products pursuant to Chapter 34, Statutes of 2020 (SB 793).

The Budget assumes Proposition 56 suspensions effective July 1, 2022, except for supplemental payments to intermediate care facilities for the developmentally disabled, freestanding pediatric subacute facilities, and Community Based Adult Services, which will be suspended December 31, 2022, due to the managed care calendar rate year. Payments for Women's Health, Family Planning, and the Loan Repayment Program are exempt from suspension. The Budget also proposes to exempt supplemental payments for the Behavioral Health Integration program, the AIDS waiver, Home Health, and Pediatric Day Health from suspension because they would not be deemed eligible by the federal government.

OTHER SUSPENDED PROGRAMS

Given an improved revenue outlook in the short term, the Budget proposes to delay suspensions by one year for the following:

- Medi-Cal Post-Partum Eligibility Extension—The Budget delays the suspension of Medi-Cal post-partum extended eligibility by 12 months to December 31, 2022, for a cost of \$27.1 million General Fund in 2021-22.
- Medi-Cal Adult Optional Benefits Extension—The Budget includes \$47 million (\$15.6 million General Fund) in 2021-22 to delay by 12 months the suspension of audiology and speech therapy services, incontinence creams and washes, optician and optical lab services, and podiatric services to December 31, 2022.

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. Beginning July 1, 2021, child care and nutrition programs will transition from the California

Department of Education (CDE) to DSS. The Budget includes \$36.2 billion (\$14.4 billion General Fund) for DSS programs in 2021-22.

Significant Adjustments:

- Food Banks—The Budget includes \$30 million one-time General Fund above program base funding levels for the Department of Social Services to fund existing Emergency Food Assistance Program providers, food banks, tribes, and tribal organizations to mitigate increases in food needs among low-income and food-insecure populations. The recently enacted federal COVID-19 response and relief bill includes increased benefits for CalFresh and the Emergency Food Assistance Program.
- Supplemental Nutrition Benefit and Transitional Nutrition Benefit Programs Adjustment—The Budget includes \$22.3 million ongoing General Fund to reflect adjusted benefit amounts mitigating the effects of the elimination of the SSI Cash-Out policy.
- California Food Assistance Program (CFAP) Emergency Allotments—The Budget includes \$11.4 million one-time General Fund for CFAP households to receive the maximum allowable allotment based on household size.

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 \$9.3 billion (state, local, and federal funds) in 2021-22. The amount budgeted includes \$7.4 billion for CalWORKs program expenditures and \$1.9 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.

The average monthly CalWORKs caseload is estimated to be 482,436 families in 2021-22, a 19 percent increase from the revised 2020-21 projection. Prior to COVID-19, the

CalWORKs caseload had decreased every year since 2010-11. Due to the COVID-19 Pandemic's impact on the economy and initial spikes in caseload in the immediate months following the pandemic, the CalWORKs caseload was projected to grow significantly at the 2020 Budget Act. This caseload did not materialize likely due to expanded and extended unemployment insurance benefits and direct stimulus payments. The Budget includes revised caseload projections, driven by updated assumptions and the uncertainty surrounding further federal relief and duration of the public health emergency.

Significant Adjustments:

- CalWORKs Time on Aid Exemption—The Budget includes \$46.1 million one-time General Fund (TANF) block grant funding to temporarily suspend any month in which CalWORKs aid or services are received from counting towards the CalWORKs 48-month time limit based on a good cause exemption due to the COVID-19 Pandemic.
- CalWORKs Grant Increase—The Budget reflects a 1.5-percent increase to CalWORKs Maximum Aid Payment levels, effective October 1, 2021, which is estimated to cost \$50.1 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.

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 \$16.5 billion (\$5.3 billion General Fund) for the IHSS program in 2021-22, a 10-percent increase in General Fund costs over the revised 2020-21 level. Average monthly caseload in this program is estimated to be 593,000 recipients in 2021-22, a 3.9-percent increase from the revised 2020-21 projection.

Significant Adjustments:

- IHSS Service Hours Restoration—The Budget includes \$449.8 million General Fund in 2021-22 and \$242.6 million General Fund in 2022-23 to reflect a delay in suspending the 7-percent across-the-board reduction to IHSS service hours. The increased funding for IHSS service hours is now proposed to be suspended on December 31, 2022. The suspension will be lifted if the Administration determines

through the 2022 Budget Act process that there is sufficient General Fund revenue to support all suspended programs in the subsequent two fiscal years.

- **Minimum Wage**—The Budget reflects \$1.2 billion (\$557.6 million General Fund) to support projected minimum wage increases to \$14 per hour on January 1, 2021 and \$15 per hour on January 1, 2022.
- **IHSS County Administration**—The Budget no longer assumes savings to hold county administration funding at the 2019-20 level, resulting in county administration costs being updated for 2021-22 to include \$17.8 million General Fund to reflect caseload and Consumer Price Index adjustments.

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 \$2.69 billion General Fund in 2021-22 for the SSI/SSP program. This represents a 0.6-percent decrease from the revised 2020-21 level. The average monthly caseload in this program is estimated to be 1.18 million recipients in 2021-22, a 1.1-percent decrease from the 2020-21 projection. The SSI/SSP caseload consists of 69.4 percent persons with disabilities, 29.3 percent persons who are aged, and 1.4 percent blind.

Effective January 2021, the maximum SSI/SSP grant levels are \$955 per month for individuals and \$1,598 per month for couples. The projected growth in the Consumer Price Index is 2.2 percent for 2022. As a result, the maximum SSI/SSP monthly grant levels will increase by approximately \$17 and \$26 for individuals and couples, respectively, effective January 2021. CAPI benefits are equivalent to 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 \$700.1 million General Fund in 2021-22 for services to children and families in these programs, a decrease of \$22.6 million General Fund, or 3.1 percent, compared to the 2020 Budget Act. When federal and 1991 and 2011 Realignment funds are included, total funding for children's programs is in excess of \$8.9 billion in 2021-22. The net decrease is primarily attributable to decreased caseload under the Continuum of Care Reform and one-time funding related to child welfare services included in the 2020 Budget Act.

Significant Adjustments:

- COVID-19 Related Supports for Child Welfare Services—The Budget includes \$61.1 million General Fund in 2021-22 to support services related to quarantine needs for foster youth and caregivers, temporary extension of assistance payments to emergency caregivers, support to Family Resource Centers, state-administered contracts for youth and family helplines, provision of laptops and cellular phones to foster youth, assistance to families with youth who are at-risk of entering foster care, and temporary provision of assistance payments to youth who turn 21 years of age while in extended foster care after April 17, 2020, through December 31, 2021, and for any nonminor dependent who met eligibility requirements for the Extended Foster Care program and lost their employment or has experienced a disruption in their education program resulting from COVID-19, and cannot otherwise meet any of the participation requirements.
- Federal Family First Prevention Services Act Implementation—The Budget includes \$61.1 million (\$42.7 million General Fund) to begin implementation of Part IV of the federal Family First Prevention Services Act (FFPSA). FFPSA Part IV sets out new criteria for non-foster home placement settings eligible for federal Title IV-E Foster Care maintenance payments.
- Child Welfare Workforce Development—The Budget includes \$10.1 million (\$5.9 million General Fund) ongoing 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.

- **Delay Suspension of Various Children's Issues**—The Budget proposes to extend the temporary augmentation to the Emergency Child Care Bridge Program, foster family agencies, Child Welfare Public Health Nursing Early Intervention Program, and the Family Urgent Response System from December 31, 2021, to December 31, 2022. Estimated costs to delay the suspension in 2021-22 are \$54.5 million General Fund. The suspension will be lifted if the Administration determines through the 2022 Budget Act process that there is sufficient General Fund revenue to support all suspended programs in the subsequent two fiscal years.
- **Youth Returning from Out of State**—In partnership with the Legislature, \$5.2 million one-time General Fund was allocated in December 2020 for the Department of Social Services to support youth in their transition back to California. These resources are supporting county capacity building and supportive services for the returned youth, COVID-related quarantine costs, and technical assistance to support counties in placing the returning youth.

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 \$75 million General Fund ongoing for immigration services.

Significant Adjustments:

- **Rapid Response Program**—The Budget includes \$5 million one-time General Fund for the Rapid Response Program to support entities that provide critical assistance/ services to immigrants during emergent situations when federal funding is not available.

CHILD CARE

Since 2019, the state has invested approximately \$400 million ongoing to expand early education and child care. The COVID-19 Pandemic has disrupted the child care system and federal funding has been critical to reducing long-term losses in this system. The Budget focuses on avoiding further loss in this system and builds on the recommendations made in the Master Plan for Early Learning and Care.

The 2020 Budget Act shifted early learning, child care and nutrition programs from the Department of Education to the Department of Social Services. This transition, which

becomes effective July 1, 2021, will align all child care programs within a single department in state government.

Significant Adjustments:

- State Operations—The Budget shifts \$31.7 million (\$0.9 million General Fund) and 185.7 positions from the Department of Education to the Department of Social Services to administer early learning, child care, and nutrition programs.
- Local Assistance—The Budget includes \$3.1 billion (\$1.3 billion General Fund) and shifts the following programs, including: General Child Care, Alternate Payment Programs, CalWORKs Stage 2 & Stage 3, Resource & Referral Programs, Migrant Child Care Program, Severely Disabled Program, California Child Care Initiative, Quality Improvement Activities, Local Planning Councils, and Child and Adult Care Food Program.
- COVID-19 Related Support—The Budget includes \$55 million one-time General Fund to support child care providers' and families' needs as a result of the pandemic.

Updated Proposition 64 cannabis tax revenues will provide an additional \$21.5 million for child care slots in 2020-21 and \$44 million ongoing. These funds will provide for 4,700 new child care slots.

For the first time, the Administration has begun the collective bargaining process with Child Care Providers United representing child care providers to negotiate a memorandum of understanding that governs the payments made to these providers. The California Department of Human Resources is the Governor's designee to meet and confer regarding matters within the scope of representation. DSS will support bargaining and work to meet goals articulated in the Master Plan on Early Learning and Care.

RESPONDING TO THE IMMEDIATE NEEDS OF CHILD CARE PROVIDERS

While conclusive data continue to be collected on the impact of the COVID-19 Pandemic on the state's child care system, preliminary findings and anecdotal evidence suggest that the loss of capacity in the state has been significant. Regardless, many child care providers have gone to great lengths to continue to provide care to children in a safe environment, and have taken on the added responsibility of helping children in distance learning access their public school education. It is a priority for the Administration to support these providers to the greatest extent possible, to preserve the

existing system of care, and provide additional ongoing investments to improve and expand the system.

Despite significant fiscal limitations, the 2020 Budget Act preserved funding for early learning and care programs to the greatest extent possible, with a focus on serving the children of income-eligible essential workers. This included:

- Additional access to subsidized child care for children of essential workers
- Stipends for child care providers
- A funding hold harmless for child care providers that contract directly with the state and have to close for health and safety reasons
- Paid non-operational days when a provider accepting vouchers has to close for health and safety reasons
- Provider reimbursement at a child's maximum certified level of need for all providers accepting vouchers
- Family fee waivers for all families through August 31, 2020, with additional fee waivers for families eligible for, but not receiving, in-person care due to COVID-19, through June 30, 2021

The Administration took further action in October to provide \$110 million to child care providers to reimburse them for the cost of waived family fees and extend the length of care for children of essential workers with temporary vouchers.

FEDERAL RELIEF

In late December, Congress passed a fifth stimulus bill, the Coronavirus Response and Relief Supplemental Appropriations Act that includes approximately \$10.3 billion for child care and Early Start. The state is expected to receive approximately \$1 billion. The 2020 Budget Act included language to guide the prioritization of additional federal funds as follows:

- Up to \$100 million for providers accepting vouchers to extend access to child care for children of essential workers, at-risk children, and other eligible children
- Up to \$90 million in child care provider stipends
- Up to \$35 million to increase the number of paid non-operational days for providers accepting vouchers that must close for health and safety reasons

- Up to \$30 million for reimbursing child care providers for family fees waived for families enrolled, but not receiving in-person care, from September 1, 2020, to June 30, 2021 (these costs were addressed by the Administration through the October action)
- Up to \$30 million to increase capacity for up to two years for subsidized child care and preschool
- Up to \$15 million to assist child care providers with the costs of re-opening

MASTER PLAN FOR EARLY LEARNING AND CARE

The 2019 Budget Act included \$5 million one-time General Fund for a long-term roadmap to universal preschool and a comprehensive, quality, and affordable child care system. The Master Plan for Early Learning and Care was released on December 1, 2020, and provides recommendations and a multi-year plan for transforming the state's child care and early education systems. Specific to child care programs, the Master Plan's recommendations include:

- Streamlining program requirements to unify state child care program.
- Promoting school readiness by increasing access to high-quality preschool.
- Improving quality of care by enhancing educator competencies and providing affordable and accessible pathways for workforce advancement.
- Supporting equity by eliminating bias through practices and training, with specific focus on children with disabilities and dual language learners.
- Adopting a comprehensive reimbursement rate structure that considers care setting, costs associated with quality, characteristics of children served, and workforce competencies.
- Developing data infrastructure that supports the quality of care by aggregating data on the ways that families and educators experience the system.

Implementation of the Master Plan will require years of consistent investment and reform. The 2020 Budget Act began implementation of the Master Plan with funding dedicated to transition child care programs into a single agency. This transition improves the ability of state government to streamline and unify all early childhood services and eases the administration of child care provider collective bargaining, which began in late 2020. The Budget builds on this work by providing an increase of \$44.3 million Cannabis Fund to expand access to child care vouchers for more than

4,500 children, with \$21.5 million available starting in 2020-21. The K-12 Education chapter includes additional information about investments in early learning programs.

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 \$4.2 billion (\$1.1 billion General Fund) in 2021-22 for the Department.

COVID-19 DISASTER RESPONSE

The Budget reflects over \$1 billion in 2020-21 which represents state and federal support for emergency response measures including supporting enhanced laboratory capacity and testing, data-driven investigation, response and prevention, coordination with local partners, and the Valencia Branch Laboratory. This total mainly reflects emergency funds and federal grants processed as of late Fall 2020; additional anticipated current year funding as of the Governor's Budget is reflected elsewhere in the budget.

The Budget includes over \$820 million in 2021-22 to continue and build on the emergency response measures described above.

Significant Adjustments:

- **New Cannabis Department**—The Budget proposes to transfer 119 positions and \$29.0 million in 2021-22 from the Department of Public Health to support the consolidation of resources for the new Department of Cannabis Control.
- **Licensing and Certification**—The Budget includes \$19.1 million for year three of the Los Angeles County contract and \$4.5 million to support increased medical breach and caregiver investigation workload.
- **Childhood Reading Augmentation**—The Budget includes \$5 million one-time General Fund for the Department of Public Health to provide books to low-income children to improve child development and literacy.

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 \$10.5 billion (\$6.5 billion General Fund) and estimates that approximately 386,753 individuals will receive developmental services by the end of 2021-22.

COVID-19 IMPACTS

The Budget includes \$211.7 million (\$150.4 million General Fund) to address COVID-19 impacts on the developmental services system. Funding supports utilization increases for purchase of services above base funding levels and direct response expenditures for surge capacity at the Fairview and Porterville Developmental Centers and other operating costs in state-operated facilities.

REGIONAL CENTER EMERGENCY RESPONSE

In the last five years, DDS has been impacted by various emergencies and disasters including wildfires, earthquakes, and public safety power shutoffs. The Budget includes \$2 million (\$1.4 million General Fund) ongoing for regional center emergency coordinators. Each regional center will receive a dedicated position to coordinate emergency preparedness, response, and recovery activities for DDS consumers.

Other Significant Adjustments:

- Youth Returning from Out-of-State Foster Care—The Budget includes ongoing \$5.8 million (\$3.5 million General Fund) for DDS to support approximately ten youth in their transition back to California. In partnership with the Legislature, one-time \$2.9 million (\$1.8 million General Fund) was allocated in December, 2020 for these purposes.
- Supplemental Rate Increase—The Budget includes \$454.6 million (\$261.2 million General Fund) in 2021-22 to continue the supplemental rate increases included in the 2019 and 2020 Budget Acts. The supplemental rate increases will be suspended on December 31, 2022. The suspension will be lifted if the Administration determines through the 2022 Budget Act process that there is sufficient General Fund revenue to support all suspended programs in the subsequent two fiscal years.
- Uniform Holiday Schedule—The Budget includes \$55.9 million (\$35.8 million General Fund) in 2021-22 to suspend implementation of the Uniform Holiday Schedule. The funding will be suspended on December 31, 2022. The suspension will be lifted if the Administration determines through the 2022 Budget Act process that there is sufficient General Fund revenue to support all suspended programs in the subsequent two fiscal years.

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 \$2.5 billion (\$2.3 billion General Fund) in 2021-22 for support of the Department. The patient population is expected to reach 6,361 by the end of 2021-22, including patients receiving competency treatment in jail-based settings.

COVID-19 IMPACTS

The Budget includes \$51.9 million one-time General Fund in 2021-22 to address the impacts of COVID-19 including, but not limited to, isolation and testing capacity at state hospitals, outside medical invoicing, and other supports for patients and employees. As an additional safeguard, and to provide for increased surge capacity, DSH has contractually secured a portion of the Norwalk facility to use as an alternate care site. Due to the recent increase in COVID-19 cases this facility was activated in mid-December to provide for additional isolation space at DSH-Patton hospital.

FELONY 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 and are awaiting admission to the state hospital system, which has been further exacerbated by the COVID-19 Pandemic. The number of ISTs pending placement into the state hospital system was approximately 1,428 individuals in December 2020.

The Budget includes the followings proposals to address the number of ISTs pending placement by increasing local capacity to provide treatment, housing, and other necessary supports:

- Community Care Demonstration Project for Felony IST (CCDP-IST)—The Budget includes \$233.2 million General Fund in 2021-22 and \$136.4 million General Fund in 2022-23 and ongoing to contract with three counties to provide a continuum of services to felony ISTs in the county as opposed to state hospitals. This proposal seeks to demonstrate the effectiveness of streamlining services to drive improved outcomes for individuals with serious mental illness. This proposal is projected to serve up to 1,252 ISTs in the county continuum of care settings in 2021-22.

- Expansion of Community Based Restoration (CBR)—The Budget includes \$9.8 million General Fund in 2020-21, \$4.5 million General Fund in 2021-22, and \$5 million General Fund in 2022-23 and ongoing to expand the current Los Angeles County CBR program beginning in 2020-21 and establish new CBR programs in additional counties in 2021-22. This proposal is projected to increase capacity by up to 250 beds in 2021-22.
- Reappropriation and Expansion of the IST Diversion Program—The Budget includes \$46.4 million one-time General Fund, available over three years, to expand the current IST Diversion program in both current and new counties. Additionally, the Budget includes five-year limited-term funding of \$1.2 million General Fund annually to support research and administration for the program. Further, the Budget authorizes the reappropriation of existing program funds set to expire in 2020-21.
- Expansion of the Jail-Based Competency Treatment Program—The Budget includes \$785,000 General Fund in 2020-21 and \$6.3 million General Fund in 2021-22 and ongoing to expand the Jail-Based Competency Treatment program to seven additional counties. This expansion is estimated to increase capacity by up to 31 beds in 2021-22.
- Forensic Conditional Release Program (CONREP) Mobile Forensic Assertive Community Treatment (FACT) Team—The Budget includes \$5.6 million General Fund in 2021-22, \$8 million General Fund in 2022-23 and 2023-24, and \$8.2 million General Fund in 2024-25 and ongoing to implement a FACT team model within CONREP, in lieu of the typical centralized outpatient clinic model, to expand community-based treatment options for both ISTs and non-ISTs in counties and backfill State Hospital beds with IST patients. This expansion is estimated to increase capacity by up to 100 beds in 2021-22.
- CONREP Continuum of Care Expansion—The Budget includes \$3.2 million General Fund in 2020-21 and \$7.3 million General Fund in 2021-22 and ongoing to increase the step-down capacity in the community in order to transition more stable non-IST patients out of state hospital beds and backfill state hospital beds with IST patients. This expansion is estimated to increase capacity by up to 40 beds in 2021-22.

OTHER HEALTH AND HUMAN SERVICES ADJUSTMENTS

- Supporting Local Child Support Agency Administration—The Budget includes \$24.9 million (\$8.5 million General Fund) ongoing for local child support agencies to improve child support collections and services and \$23.8 million (\$8.1 million General

Fund) ongoing for local child support courts and state operations child support funding.

- Office of Youth and Community Restoration—The Budget includes \$3.4 million General Fund in 2021-22 and \$3.1 million ongoing General Fund to develop reports on youth outcomes in the juvenile justice system, staff a Child Welfare Council committee focused on improving outcomes for justice-involved youth, and create an Office Ombudsperson.
- 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.

1991 AND 2011 REALIGNMENT

The programs for 1991 and 2011 Realignment are funded through two sources: state sales tax and vehicle license fees. These fund sources are projected to increase by 5.6 percent from 2019-20 to 2020-21 and decrease by 1.9 percent from 2020-21 to 2021-22.

2011 Realignment Estimate at 2021 Governor's Budget

(\$ millions)

	2019-20	2019-20 Growth	2020-21	2020-21 Growth	2021-22	2021-22 Growth
Law Enforcement Services	\$2,600.4		\$2,633.8		\$2,682.7	
Trial Court Security Subaccount	558.2	0.0	567.0	\$10.1	563.7	0.0
Enhancing Law Enforcement Activities Subaccount	489.9	\$224.4	489.9	247.3	489.9	\$210.7
Community Corrections Subaccount	1,344.7	0.0	1,366.0	75.9	1,408.3	0.0
District Attorney and Public Defender Subaccount	40.9	0.0	41.6	5.1	45.5	0.0
Juvenile Justice Subaccount	166.7	0.0	169.3	10.0	175.3	0.0
<i>Youthful Offender Block Grant Special Account</i>	(157.5)	-	(160.0)	(9.4)	(165.6)	-
<i>Juvenile Reentry Grant Special Account</i>	(9.2)	-	(9.3)	(0.6)	(9.7)	-
Growth, Law Enforcement Services		224.4		348.4	0.0	210.7
Mental Health	\$1,120.6	0.0	\$1,120.6	\$9.4	\$1,120.6	0.0
Support Services	\$3,825.1		\$3,885.6		\$3,969.3	
Protective Services Subaccount	2,359.9	0.0	2,397.2	\$84.6	2,423.9	0.0
Behavioral Health Subaccount	1,465.2	0.0	1,488.4	94.0	1,545.4	0.0
<i>Women and Children's Residential Treatment Services</i>	(5.1)		(5.1)		(5.1)	
Growth, Support Services		0.0		188.0	0.0	
Account Total and Growth	\$7,770.5		\$8,176.4		\$7,983.3	
Revenue						
1.0625% Sales Tax	\$7,050.2		\$7,427.2		\$7,276.7	
General Fund Backfill	6.0		12.0		6.0	
Motor Vehicle License Fee	747.3		749.0		788.1	
Revenue Total	\$7,770.5		\$8,176.4		\$7,983.3	

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).

1991 Realignment Estimate at 2021 Governor's Budget

Dollars in Thousands

2019-20 State Fiscal Year							
Amount	CalWORKs MOE	Health	Social Services	Mental Health	Family Support	Child Poverty	Totals
Base Funding							
Sales Tax Account	\$742,048	\$-	\$2,296,188	\$-	\$443,649	\$102,919	\$3,584,804
Vehicle License Fee Account	363,383	1,050,566	216,223	-	152,435	290,884	2,073,492
Subtotal Base	\$1,105,432	\$1,050,566	\$2,512,411	\$-	\$596,085	\$393,803	\$5,658,296
Growth Funding							
Sales Tax Growth Account:	-	-	-	-	-	-	-
Caseload Subaccount	-	-	-	-	-	-	-
County Medical Services Growth Subaccount	-	-	-	-	-	-	-
General Growth Subaccount	-	-	-	-	-	-	-
Vehicle License Fee Growth Account	-	-	-	-	-	-	-
Subtotal Growth	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Total Realignment 2019-20^{1/}	\$1,105,432	\$1,050,566	\$2,512,411	\$-	\$596,085	\$393,803	\$5,658,296
2020-21 State Fiscal Year							
Base Funding							
Sales Tax Account	\$742,048	\$23,890	\$2,296,188	\$-	\$419,759	\$102,919	\$3,584,804
Vehicle License Fee Account	363,383	1,016,414	216,223	-	186,586	290,884	2,073,492
Subtotal Base	\$1,105,432	\$1,040,304	\$2,512,411	\$-	\$606,346	\$393,803	\$5,658,296
Growth Funding							
Sales Tax Growth Account:	\$6,372	\$21,182	\$68,917	\$36,594	-	\$50,632	\$183,698
Caseload Subaccount	-	-	(68,917)	-	-	-	(68,917)
County Medical Services Growth Subaccount	-	-	-	-	-	-	-
General Growth Subaccount	(6,372)	(21,182)	-	(36,594)	-	(50,632)	(114,780)
Vehicle License Fee Growth Account	8,747	29,077	-	50,233	-	69,503	157,559
Subtotal Growth	\$15,119	\$50,259	\$68,917	\$86,826	\$-	\$120,135	\$341,257
Total Realignment 2020-21^{1/}	\$1,120,551	\$1,090,564	\$2,581,328	\$86,826	\$606,346	\$513,938	\$5,999,553
<i>Change From Prior Year</i>	<i>\$15,119</i>	<i>\$39,998</i>	<i>\$68,917</i>	<i>\$86,826</i>	<i>\$10,262</i>	<i>\$120,135</i>	<i>\$341,257</i>
2021-22 State Fiscal Year							
Base Funding							
Sales Tax Account	\$752,888	\$-	\$2,345,276	\$25,545	\$460,934	\$152,263	\$3,736,906
Vehicle License Fee Account	367,663	1,096,570	212,429	47,288	113,889	354,063	2,191,902
Subtotal Base	\$1,120,551	\$1,096,570	\$2,557,704	\$72,833	\$574,823	\$506,327	\$5,928,808
Growth Funding							
Sales Tax Growth Account:	-	-	-	-	-	-	-
Caseload Subaccount	-	-	-	-	-	-	-
County Medical Services Growth Subaccount	-	-	-	-	-	-	-
General Growth Subaccount	-	-	-	-	-	-	-
Vehicle License Fee Growth Account	-	-	-	-	-	-	-
Subtotal Growth	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Total Realignment 2021-22^{1/}	\$1,120,551	\$1,096,570	\$2,557,704	\$72,833	\$574,823	\$506,327	\$5,928,808
<i>Change From Prior Year</i>	<i>\$0</i>	<i>\$6,005</i>	<i>-\$23,624</i>	<i>-\$13,993</i>	<i>-\$31,523</i>	<i>-\$7,611</i>	<i>-\$70,745</i>

^{1/} Excludes \$14 million in Vehicle License Collection Account moneys not derived from realignment revenue sources.

DEPARTMENT OF DEVELOPMENTAL SERVICES 2021 GOVERNOR'S BUDGET HIGHLIGHTS

The Department of Developmental Services is responsible for administering the Lanterman Developmental Disabilities Services Act (Lanterman Act). The Lanterman Act provides for the coordination and provision of services and supports to enable people with developmental disabilities to lead more independent, productive, and integrated lives. Additionally, the Early Start Program provides for the delivery of services to infants and toddlers at risk of having a developmental disability. The Department carries out its responsibilities through contracts with 21 community-based, non-profit corporations known as regional centers, as well as through state-operated homes and facilities.

The number of individuals served by regional centers (consumers) is expected to be 357,819 in the current year and increase to 386,431 in Fiscal Year (FY) 2021-22. These figures include an estimated 322 individuals served in state-operated facilities as of July 1, 2021. The current year estimate reflects a reduction of 8,534 consumers when compared to the Enacted Budget, which is primarily due to a reduction in new consumer referrals which coincided with the beginning of the novel coronavirus (COVID-19) pandemic.

The Governor's Budget supports the additional needs of consumers throughout the public health crisis and reflects the need for additional supports for individuals where they live due to COVID-19 stay-at-home guidelines.

2021 GOVERNOR'S BUDGET SUMMARY

The Governor's Budget updates the Department's FY 2020-21 budget to include \$9.8 billion total funds (\$5.9 billion General Fund [GF]) and includes \$10.5 billion (\$6.5 billion GF) for FY 2021-22; a net increase of \$665.5 million (\$587.7 million GF) over the updated FY 2020-21 budget.

In addition to caseload and utilization, the proposed FY 2021-22 funding supports the following new and updated items:

- Anticipated costs reflecting the ongoing response to COVID-19 (\$265.1 million TF, \$183.2 million GF).
- Extension of the provider supplemental rates and the Uniform Holiday Schedule suspension through December 31, 2022 (\$510.5 million TF, \$297.0 million GF).
- Ongoing resources for regional center coordination with state and local entities supporting foster youth (\$7.4 million TF, \$4.6 million GF).
- Ongoing resources to support emergency planning and preparation coordination by regional centers (\$2 million TF, \$1.4 million GF).
- Additional resources to support community navigators and improve access to generic and regional center services (\$5.3 million TF, \$3.2 million GF).
- Full-year implementation of the expanded diversion program services (\$4.3 million TF, \$2.9 million GF).

DEPARTMENT OF DEVELOPMENTAL SERVICES
2021-2022 Governor's Budget

Program Highlights
(Dollars in Thousands)

	FY 2020-21*	FY 2021-22*	Difference
Community Services Program			
Regional Centers	\$9,368,590	\$10,038,087	\$669,497
Totals, Community Services	\$9,368,590	\$10,038,087	\$669,497
General Fund	\$5,521,629	\$6,108,245	\$586,616
Program Development Fund (PDF)	837	1,876	1,039
Developmental Disabilities Svs Acct	150	150	0
Federal Trust Fund	54,307	54,307	0
Reimbursements	3,790,927	3,872,769	81,842
Mental Health Services Fund	740	740	0
State Operated Facilities Program			
Personal Services	\$233,958	\$259,253	\$25,295
Operating Expense & Equipment	129,745	84,858	(44,887)
Total, State Operated Facilities	\$363,703	\$344,111	(\$19,592)
General Fund	\$315,616	\$308,947	(\$6,669)
Federal Trust Fund	0	0	0
Lottery Education Fund	126	126	0
Reimbursements	47,961	35,037	(12,924)
Headquarters Support			
Personal Services	\$75,244	\$84,452	\$9,208
Operating Expense & Equipment	32,704	39,105	6,401
Total, Headquarters Support	\$107,948	\$123,557	\$15,609
General Fund	\$65,768	\$73,491	\$7,723
Federal Trust Fund	2,715	2,742	27
PDF	412	413	1
Reimbursements	38,553	46,411	7,858
Mental Health Services Fund	500	500	0
Totals, All Programs	\$9,840,241	\$10,505,755	\$665,514
Total Funding			
General Fund	\$5,903,013	\$6,490,683	\$587,670
Federal Trust Fund	57,022	57,049	27
Lottery Education Fund	126	126	0
PDF	1,249	2,289	1,040
Developmental Disabilities Svs Acct	150	150	0
Reimbursements	3,877,441	3,954,217	76,776
Mental Health Services Fund	1,240	1,240	0
Totals, All Funds	\$9,840,241	\$10,505,755	\$665,514
Caseloads			
State Operated Facilities	302	322	20
Regional Centers	357,819	386,431	28,612
Departmental Positions			
State Operated Facilities	1,953.2	1,985.7	32.5
Headquarters**	516.0	517.0	1.0

*Total Expenditures do not reflect the statewide item for Employee Retention Incentives of \$1.5 million and \$15.7 million in 2020-21. The incentives were added by the 2016 Budget Act and displayed as a Carryover/Re-appropriation in the Governor's Budget Galley. Above figures do not include Capital Outlay.

**Departmental positions are from the Salaries and Wages Schedule Reconciliation.

COMMUNITY SERVICES PROGRAM

FY 2020-21

Costs and Fund Sources

The FY 2020-21 updated Regional Center budget includes \$9.4 billion (\$5.5 billion GF), a net increase of \$56.0 million (\$64.0 million GF) as compared to the Enacted Budget. This includes a projected \$57.4 million increase in Purchase of Services (POS) expenditures. The updated budget also includes a decrease of \$1.5 million in Operations cost.

Costs and Fund Sources <i>(Dollars in Thousands)</i>			
	Enacted Budget	FY 2020-21	Difference
Operations	\$908,763	\$907,268	(\$1,495)
Purchase of Services	8,382,779	8,440,225	57,446
Early Start - Other Agency Costs	19,094	19,094	0
Early Start Family Resource Services	2,003	2,003	0
Total Costs	\$9,312,639	\$9,368,590	\$55,591
General Fund (GF)	\$5,457,660	\$5,521,629	\$63,969
<i>GF Match</i>	3,180,149	2,767,145	(413,004)
<i>GF Other</i>	2,277,511	2,754,484	476,973
Reimbursements	3,797,502	3,790,927	(6,575)
Program Development Fund	2,280	837	(1,443)
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	54,307	54,307	0
Fund Sources	\$9,312,639	\$9,368,590	\$55,951

Population

The updated current year caseload projections reflect a net decrease of 8,534 consumers as compared to the Enacted Budget. The decrease is primarily attributed to a reduction in new consumer referrals and a resulting decrease in caseload beginning with the onset of the COVID-19 pandemic.

	Enacted Budget	FY 2020-21	Difference
CASELOAD			
Active (Age 3 & Older)	316,153	313,354	(2,799)
Total Early Start (Birth through 35 Months)	50,200	44,465	(5,735)
Total Community Caseload	366,353	357,819	(8,534)

Regional Center Operations – Caseload

To support regional centers in addressing changes to the demand for services created by the COVID-19 pandemic, and address the anticipated backlog in new referrals, regional center operations were not adjusted for the lower caseload. The portion of the regional center operations budget driven by changes in caseload reflects a net increase of \$147,000 (\$10.0 million GF). This increase is mostly attributed to the enhanced caseload ratio for a higher number of consumers moving from more restrictive settings.

	Enacted Budget	FY 2020-21	Difference
Operations - Caseload	<i>(Dollars in Thousands)</i>		
Core Staffing	\$694,519	\$694,577	\$58
Federal Compliance	48,127	48,127	0
Projects	30,828	30,915	87
Intermediate Care Facility-Developmentally Disabled (ICF-DD) Administration Fee	1,780	1,782	2
Total Operations - Caseload	\$775,254	\$775,401	\$147

Regional Center Operations - Policy

There is a net decrease of \$1.6 million (\$5.0 million GF) in policy expenditures as compared to the Enacted Budget. This is primarily driven by a decrease of \$1.7 million in the Medicaid Claiming Adjustment item, related to consumers not eligible for federal reimbursements.

Operations Policy			
<i>(Dollars in Thousands)</i>			
Operations	Enacted Budget	FY 2020-21	Difference
Ongoing Operations Policy Items	\$86,866	\$86,866	\$0
DC Closure Ongoing Workload	8,302	8,302	0
Self-Determination Program OPS	4,073	4,073	0
Specialized Caseload Ratios	3,800	3,800	0
Specialized Home Monitoring	6,842	6,930	88
Trauma Informed Services for Foster Youth	1,600	1,600	0
Medicaid Claiming Adjustment OPS	22,026	20,296	(1,730)
Total Operations Policy	\$133,509	\$131,867	(\$1,642)

Purchase of Service (POS) - Caseload

Updated POS expenditures reflect a net increase of \$386.9 million (\$319.6 million GF) as compared to the Enacted Budget. It should be noted that funding for some policy items (e.g. COVID-19 response, SB 3 Minimum Wage 2020) previously displayed as separate policy items in the enacted Budget, are now incorporated in the updated FY 2020-21 figures displayed below. The primary driver is the estimated need for additional supports for individuals where they live due to COVID-19 stay-at-home guidelines. Increases are reflected in the Community Care Facilities, Support Services and In-Home Respite categories in the table below.

Purchase of Services Caseload (Utilization and Growth) <i>(Dollars in Thousands)</i>				
	Enacted Budget	FY 2020-21	Difference	Percent Change
Community Care Facilities	\$1,941,646	\$2,175,401	\$233,755	12.0%
Medical Facilities	19,884	22,744	2,860	14.4%
Day Programs	1,177,419	1,184,415	6,996	0.6%
Habilitation	153,169	140,235	(12,934)	(8.4%)
<i>Work Activity Program</i>	27,190	24,537	(2,653)	(9.8%)
<i>Supported Employment</i>	81,700	77,617	(4,083)	(5.0%)
<i>Program - Group</i>				
<i>Supported Employment</i>	44,279	38,081	(6,198)	(14.0%)
<i>Program - Individual</i>				
Transportation	414,983	393,945	(21,038)	(5.1%)
Support Services	1,790,612	1,849,308	58,696	3.3%
In-Home Respite	691,796	810,063	118,267	17.1%
Out of Home Respite	53,659	50,463	(3,196)	(6.0%)
Health Care	184,043	186,808	2,765	1.5%
Miscellaneous	595,806	596,544	738	0.1%
Quality Assurance Fees	9,612	9,623	11	0.1%
TOTAL	\$7,032,629	\$7,419,549	\$386,920	5.5%

POS - Policy

There is a net decrease of \$329.5 million (\$260.5 million GF) in policy related expenditures as compared to the Enacted Budget. This is primarily driven by the following

- The decrease of \$360.8 million for items displayed in policy in the Enacted Budget, including SB 3 Minimum Wage 2020 and Increased Costs for Covid-19, are now displayed in various POS caseload categories in this estimate.
- Medicaid Claiming Adjustment: Decrease of \$38.9 million (\$75.1 million GF) reflects updated data associated with this adjustment for consumers not eligible for federal reimbursements.
- Provider Supplemental Rate Increases: Increase of \$6.4 million (\$13.4 million GF decrease) based on updated expenditure data.
- SB 3 Minimum Wage Increase – January 2021: Decrease of \$26.7 million (\$12.4 million GF) based on updated expenditure data.
- Increased Costs for COVID-19: Increase of \$87.9 million (\$25.9 million GF) based on updated expenditure data. The total included for the impacts of COVID-19 is \$342 million. Of this total, \$172 million is incorporated in the POS – Caseload figures above; the remaining \$170 million is reflected below.
- Health Facility Rate Increase (New Policy): Increase of \$673,000 GF is due to a rate increase provided by the Department of Health Care Services.
- Youth Returning Out-of-State Foster Care (New Policy): Increase of \$900,000 (\$500,000 GF) to support youth in their transition back to California.

Policy			
<i>(Dollars in Thousands)</i>			
Purchase of Services (POS)	Enacted Budget	FY 2020-21	Difference
Ongoing Purchase of Services Policy Items	\$46,000	\$46,000	\$0
BHT - Consumers with no Autism Spectrum Disorder Diagnosis*	(6,955)	0	6,955
Early Start Co-Pays*	1,000	0	(1,000)
EBSHs with DESP	7,500	7,500	0
Electronic Visit Verification Penalty	5,219	5,219	0
Provider Supplemental Rate Increases POS	430,308	436,669	6,361
SB 3 Minimum Wage Increase: Effective January 1, 2020*	194,754	0	(194,754)
SB 3 Minimum Wage Increase: Effective January 1, 2021	120,323	93,619	(26,704)
Uniform Holiday Schedule	51,511	52,639	1,128
Increased Costs for COVID 19 POS	254,101	170,000	(84,101)
Health Facility Rate Increase	0	673	673
Youth Returning from Out-of-State Foster Care	0	900	900
Medicaid Claiming Adjustments POS	246,389	207,457	(38,932)
Total POS Policy	\$1,350,150	\$1,020,676	(\$329,474)

Reimbursements

The updated current year includes a net decrease of \$6.6 million in reimbursements as compared to the Enacted Budget. Adjustments are reflected in the table below:

Reimbursements <i>(Dollars in Thousands)</i>			
	Enacted Budget	FY 2020-21	Difference
Home and Community-Based Services (HCBS) Waiver	\$2,712,285	\$2,682,158	(\$30,127)
HCBS Waiver Administration	17,489	17,390	(99)
Medicaid Administration	14,553	18,168	3,615
Targeted Case Management (TCM)	255,116	253,302	(1,814)
TCM Administration	8,137	0	(8,137)
Title XX Block Grant	213,421	213,421	0
(1) Social Services	136,264	136,264	0
(2) Temporary Assistance for Needy Families	77,157	77,157	0
ICF-DD	65,648	65,901	253
Quality Assurance Fees (QAF)	10,502	10,514	12
1915(i) SPA	435,422	483,458	48,036
Early Periodic Screening Diagnosis and Treatment	34,601	28,299	(6,302)
Behavioral Health Treatment Fee-for-Service	13,806	13,492	(314)
Self-Determination Program (SDP) Waiver	16,522	4,824	(11,698)
TOTAL	\$3,797,502	\$3,790,927	(\$6,575)

Federal Funds

There are no updates to Federal Funds in the Governor's Budget.

Federal Funds <i>(Dollars in Thousands)</i>			
	Enacted Budget	FY 2020-21	Difference
Early Start/Part C Grant	\$53,106	\$53,106	\$0
Foster Grandparent Program	1,201	1,201	0
TOTAL	\$54,307	\$54,307	\$0

FY 2021-22

Costs and Fund Sources

The FY 2021-22 proposed Regional Center budget includes \$10.0 billion (\$6.1 billion GF), a net increase of \$669.5 million (\$586.6 million GF) as compared to the updated current year. The increase in GF is primarily driven by the assumed December 31, 2021 suspension of the temporary 6.2 percent enhanced Federal Medical Assistance Percentage (FMAP) authorized by the Families First Coronavirus Response Act.

Costs and Fund Sources <i>(Dollars in Thousands)</i>			
	FY 2020-21	FY 2021-22	Difference
Operations	\$907,268	\$940,594	\$33,326
Purchase of Services	8,440,225	9,076,396	636,171
Early Start - Other Agency Costs	19,094	19,094	0
Early Start Family Resource Services	2,003	2,003	0
Total Costs	\$9,368,590	\$10,038,087	\$669,497
General Fund (GF)	\$5,521,629	\$6,108,245	\$586,616
<i>GF Match</i>	<i>2,767,145</i>	<i>3,205,542</i>	<i>438,397</i>
<i>GF Other</i>	<i>2,754,484</i>	<i>2,902,703</i>	<i>148,219</i>
Reimbursements	3,790,927	3,872,769	81,842
Program Development Fund	837	1,876	1,039
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	54,307	54,307	0
Fund Sources	\$9,368,590	\$10,038,087	\$669,497

Population

The Department is forecasting an increase of 28,612 consumers as compared to the updated current year. The increase assumes a return to typical caseload growth subsequent to the decreases in growth related to the COVID-19 pandemic.

	FY 2020-21	FY 2021-22	Difference
CASELOAD			
Active (Age 3 & Older)	313,354	332,465	19,111
Total Early Start (Birth through 35 Months)	44,465	53,966	9,501
Total Community Caseload	357,819	386,431	28,612

Regional Center Operations - Caseload

The budget year includes \$815.8 million (\$573.7 million GF) for regional center operations, an increase of \$40.4 million (\$31.2 million GF) as compared to the updated current year budget. The increase is mainly attributed to anticipated caseload growth.

	FY 2020-21	FY 2021-22	Difference
Operations - Caseload	<i>(Dollars in Thousands)</i>		
Core Staffing	\$694,577	\$733,525	\$38,948
Federal Compliance	48,127	48,349	222
Projects	30,915	32,106	1,191
Intermediate Care Facility-Developmentally Disabled (ICF-DD) Administration Fee	1,782	1,782	0
Total Operations - Caseload	\$775,401	\$815,762	\$40,361

Regional Center Operations - Policy

The budget year includes \$124.8 million (\$74.6 million GF) for policies impacting regional center operations, a decrease of \$7.0 million (\$1.7 million GF increase) compared to the updated current year.

- Specialized Caseload Ratios: Increase of \$400,000 (\$274,000 GF) reflects an increase in the number of consumers with complex needs.
- Specialized Home Monitoring: Increase of \$470,000 (\$320,000 GF) – Updated for monitoring additional Enhanced Behavioral Support and Community Crisis Homes.
- Systemic, Therapeutic, Assessment, Resources and Treatment Training (New Policy): Increase of \$4.5 million (\$3.2 million GF) to support individuals in their current residential arrangement and prevent disruptions and admissions into more restrictive settings.
- Regional Center Emergency Coordinators (New Policy): Increase of \$2.0 million (\$1.4 million GF) for 21 emergency coordinator positions to coordinate emergency preparedness, response, and recovery activities for community consumers.
- Community Navigators (New Policy): Increase of \$5.3 million (\$3.2 million GF) to implement a statewide navigator model to increase access to and utilization of needed services in diverse communities.
- Medicaid Claiming Adjustments: Decrease of \$20.3 million GF as the needed adjustments were completed in the current year.
- Forensic Diversion: Increase of \$534,000 (\$363,000 GF) is for five forensic specialist positions to support the expanded multifaceted forensic diversion program.

Operations Policy			
<i>(Dollars in Thousands)</i>			
Operations	FY 2020-21	FY 2021-22	Difference
Ongoing Operations Policy Items	\$86,866	\$86,866	\$0
DC Closure Ongoing Workload	8,302	8,302	0
Self-Determination Program OPS	4,073	4,073	0
Specialized Caseload Ratios	3,800	4,200	400
Specialized Home Monitoring	6,930	7,400	470
Trauma Informed Services for Foster Youth	1,600	1,600	0
START Training	0	4,540	4,540
Regional Center Emergency Coordinators	0	2,017	2,017
Community Navigators	0	5,300	5,300
Medicaid Claiming Adjustments OPS	20,296	0	(20,296)
Forensic Diversion	0	534	534
Total Operations Policy	\$131,867	\$124,832	(\$7,035)

Purchase of Services (POS) Caseload

The budget year includes \$8.0 billion (\$5.0 billion GF) for purchase of services, an increase of \$556.6 million (\$446.5 million GF), or a 7.5 percent increase, as compared to the updated current year. The net increase is primarily due to continued caseload and utilization changes in various budget categories. It should be noted that the impacts of the COVID-19 pandemic on POS expenditures had a significant effect on 'Difference' and 'Percent Change' comparisons to the current year displayed below.

Purchase of Services Caseload (Utilization and Growth)				
<i>(Dollars in Thousands)</i>				
	FY 2020-21	FY 2021-22	Difference	Percent Change
Community Care Facilities	\$2,175,401	\$2,229,993	\$54,592	2.6%
Medical Facilities	22,744	22,412	(332)	(1.5%)
Day Programs	1,184,415	1,251,147	66,732	5.6%
Habilitation	140,235	141,241	1,006	0.7%
<i>Work Activity Program</i>	24,537	20,281	(4,256)	(17.3%)
<i>Supported Employment</i>	77,617	74,064	(3,553)	(4.6%)
Program - Group				
<i>Supported Employment</i>	38,081	46,896	8,815	23.1%
Program - Individual				
Transportation	393,945	419,210	25,265	6.4%
Support Services	1,849,308	2,023,618	174,310	9.4%
In-Home Respite	810,063	928,188	118,125	14.6%
Out of Home Respite	50,463	57,437	6,974	13.8%
Health Care	186,808	254,266	67,458	36.1%
Miscellaneous	596,544	639,047	42,503	7.1%
Quality Assurance Fees	9,623	9,623	0	0.0%
TOTAL	\$7,419,549	\$7,976,182	\$556,633	7.5%

POS - Policy

The budget year includes \$1.1 billion (\$449.6 million GF) for policies impacting regional center purchase of services, an increase of \$79.5 million (\$107.3 million GF) as compared to the updated current year.

- Enhanced Behavioral Support Home (EBSH) with Delayed Egress and Secured Perimeters (DESP): Decrease of \$7.5 million GF adjusts for one-time funding in 2020-21.
- Electronic Visit Verification Penalty Payment: Increase of \$603,000 GF based on updated expenditure data.
- Provider Supplemental Rate Increase: Increase of \$18 million (\$14.8 million GF) based on updated expenditure data.
- SB 3 Minimum Wage Increase, January 1, 2021: Increase of \$105.0 million (\$55.1 million GF) represents full year implementation of the policy and updated expenditures.
- Uniform Holiday Schedule: Increase of \$3.3 million (\$2.1 million GF) for based on updated expenditure data.
- COVID-19 Costs: An increase of \$5.0 million (\$1.0 million GF decrease) associated with costs to support consumers diagnosed with, exposed to, or at high risk of COVID-19.
- Health Facility Rate Increase: Decrease of \$673,000 GF reflects the anticipated end of the temporary rate increase provided by the Department of Health Care Services.
- SB 3 Minimum Wage Increase, January 1, 2022 (New Policy): Increase \$159.2 million (\$83.7 million GF) for increase of the minimum wage from \$14.00 to \$15.00, effective January 1, 2022.
- Youth Returning from Out-of-State Foster Care: Increase of \$900,000 (\$500,000 GF) to support youth in their transition back to California.
- Medicaid Claiming Adjustments: Decrease of \$207.5 million GF as the needed adjustments were completed in the current year.
- Forensic Diversion: Increase of \$3.2 million (\$2.0 million GF) is for a contractor to provide wrap-around services to individuals with IDD.

Policy			
<i>(Dollars in Thousands)</i>			
Purchase of Services (POS)	FY 2020-21	FY 2021-22	Difference
Ongoing Purchase of Services Policy Items	\$46,000	\$46,000	\$0
EBSHs with DESP	7,500	0	(7,500)
Electronic Visit Verification Penalty	5,219	5,822	603
Provider Supplemental Rate Increases POS	436,669	454,634	17,965
SB 3 Minimum Wage Increase: Effective January 1, 2021	93,619	198,626	105,007
Uniform Holiday Schedule	52,639	55,895	3,256
Increased Costs for COVID 19 POS	170,000	175,000	5,000
Health Facility Rate Increase	673	0	(673)
SB 3 Minimum Wage Increase: Effective January 1, 2022	0	159,237	159,237
Youth Returning from Out-of-State Foster Care	900	1,800	900
Medicaid Claiming Adjustments POS	207,457	0	(207,457)
Forensic Diversion	0	3,200	3,200
Total POS Policy	\$1,020,676	\$1,100,214	\$79,538

Reimbursements

The budget year includes \$3.9 billion in reimbursements, an increase of \$81.8 million in as compared to the updated current year. Adjustments are reflected in the table below and include the impact of assumed December 31, 2021 suspension of the temporary 6.2 percent enhanced Federal Medical Assistance Percentage (FMAP) authorized by the Families First Coronavirus Response Act.

Reimbursements			
<i>(Dollars in Thousands)</i>			
	FY 2020-21	FY 2021-22	Difference
Home and Community-Based Services (HCBS) Waiver	\$2,682,158	\$2,767,125	\$84,967
HCBS Waiver Administration	17,390	19,903	2,513
Medicaid Administration	18,168	18,168	0
Targeted Case Management (TCM)	253,302	251,204	(2,098)
Title XX Block Grant	213,421	213,421	0
(1) Social Services	136,264	136,264	0
(2) Temporary Assistance for Needy Families	77,157	77,157	0
ICF-DD	65,901	62,266	(3,635)
Quality Assurance Fees (QAF)	10,514	10,514	0
1915(i) SPA	483,458	466,268	(17,190)
Early Periodic Screening Diagnosis and Treatment	28,299	38,117	9,818
Behavioral Health Treatment Fee-for-Service	13,492	13,492	0
Self-Determination Program (SDP) Waiver	4,824	12,291	7,467
TOTAL	\$3,790,927	\$3,872,769	\$81,842

Federal Funds

The budget year includes \$54.3 million in Federal Funds, which is consistent with the updated current year amount.

Federal Funds <i>(Dollars in Thousands)</i>			
	FY 2020-21	FY 2021-22	Difference
Early Start/Part C Grant	\$53,106	\$53,106	\$0
Foster Grandparent Program	1,201	1,201	0
TOTAL	\$54,307	\$54,307	\$0

STATE OPERATED FACILITIES

FY 2020-21

The FY 2021-22 updated State Operated Facilities budget includes \$363.7 million (\$315.6 million GF), a net decrease of \$19.1 million (\$18.2 million GF) as compared to the Enacted Budget. The decrease reflects various control section adjustments.

Costs and Fund Sources <i>(Dollars in Thousands)</i>			
	Enacted Budget	FY 2020-21	Difference
Personal Services	\$252,659	\$233,958	(\$18,701)
Operating Expenses and Equipment	121,005	121,265	260
Lease Revenue Bond	9,151	8,480	(671)
Total Costs	\$382,814	\$363,703	(\$19,111)
General Fund (GF)	\$333,860	\$315,616	(\$18,244)
<i>GF Match</i>	42,478	35,416	(7,062)
<i>GF Other</i>	291,383	280,200	(11,183)
Reimbursements	48,762	47,961	(801)
Lottery Fund	192	126	(66)
Fund Sources	\$7,735,113	\$363,703	(\$19,111)

Policy

There is a net decrease of \$19.1 million (\$18.2 million GF) in policy expenditures as compared to the Enacted Budget.

- Control Section 3.90 reduces employee salaries by 9.23 percent effective July 1, 2020, resulting in a decrease of \$22.6 million (\$18.8 million GF).
- Control Section 3.60 reduces employee retirement by \$3.4 million (\$3.1 million GF).
- Item 9800 increases employee compensation by \$5.6 million (\$5.0 million GF).
- Enhanced Federal Funding: A decrease of \$3.1 million GF due to the Families First Coronavirus Act (FFCRA) which provides a temporary 6.2 percentage point increase to California's Federal Medical Assistance Percentage (FMAP).
- Youth Returning from Out-of-State Foster Care (New Policy): Increase of \$2.0 million (\$1.3 million GF) to support youth in their transition back to California.

FY 2021-22

The budget year includes \$344.1 million (\$308.9 million GF), a net decrease of \$19.6 million (\$6.7 million GF) as compared to the updated current year.

Costs and Fund Sources <i>(Dollars in Thousands)</i>			
	FY 2020-21	FY 2021-22	Difference
Personal Services	\$233,958	\$259,253	\$25,295
Operating Expenses and Equipment	121,265	75,707	(45,558)
Lease Revenue Bond	8,480	9,151	671
Total Costs	\$363,703	\$344,111	(\$19,592)
General Fund (GF)	\$315,616	\$308,947	(\$6,669)
<i>GF Match</i>	35,416	25,471	(9,945)
<i>GF Other</i>	280,200	283,476	3,276
Reimbursements	47,961	35,037	(12,923)
Lottery Fund	126	126	0
Fund Sources	\$363,703	\$344,111	(\$19,592)

Policy

There is a net decrease of \$19.6 million (\$6.7 million GF) in policy expenditures as compared to the updated current year.

- Control Section 3.90 is a one-year reduction, the proposed budget does not reflect the 9.23 percent reduction for 2021-22.
- COVID-19 Response: A net decrease of \$45.9 million (\$30.0 million GF) associated with projected costs to support consumers diagnosed with, exposed to, or at high risk of COVID-19.
- Retention Stipend Reallocation (New Policy): Increase of \$1.0 million GF to pay the remaining employees at Fairview and Sonoma for the accrued retention stipend earned during the closure process.
- Forensic Diversion: Increase of \$0.3 million GF for two senior psychologist specialists.
- Youth Returning from Out-of-State Foster Care: Increase of \$4.0 million (\$2.5 million GF) to support youth in their transition back to California.

Capital Outlay

The Governor's Budget includes \$221,000 GF for installing fire sprinkler system capital outlay project and Porterville Developmental Center.

Headquarters

FY 2020-21

The Governor's Budget includes \$107.9 million (\$65.8 million GF), a net decrease of \$6.9 million (\$4.8 million GF). The decrease is comprised of compensation and retirement reductions from the Control Section 3.90 and Control Section 3.60; and compensation and retirement adjustments approved through the collective bargaining process and included Item 9800 – Employee Compensation Adjustments.

FY 2021-22

The Governor's Budget includes \$123.6 million (\$73.5 million GF) for Headquarters, an increase of \$15.6 million (\$7.7 million GF) compared to the updated current year. The net increase reflects employee compensation and retirement adjustments approved through the collective bargaining process, including Control Section 3.60 and Item 9800-Employee Compensation Adjustments, and two Budget Change Proposals.

- Forensic Diversion: Increase of one (1.0) Attorney III position to implement and assist with the forensic diversion program.
- Electronic Visit Verification: Increase of \$11.4 million (\$3.9 million GF) for state and consultant resources for project management, solution development, and project readiness and approval to complete Project Approval Lifecycle (PAL) processes and to start implementing an EVV Phase II solution that complies with federal requirements.

JANUARY 26, 2021

AGENDA ITEM 12

ACTION ITEM

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Cycle 44 Grants: Request for Proposals (RFP)

Cycle Grants are program development grants that are awarded to community-based organizations to assist the Council in implementing its State Plan by conducting research, developing and/or implementing innovative programs and promising or best practices throughout the state and its local communities.

On November 16, 2020, the State Plan Committee met to begin the Cycle 44 Grant process. Committee members reviewed the proposed timeline and established the Grants' geographical and priority focus. Following their discussion, Committee members chose a statewide focus that is open to Goal 2 (Systems Change) and/or Goal 3 (Capacity Building) for Cycle 44. Additionally, members proposed having two focus areas which would be divided into two distinct RFPs. The Committee is recommending that one RFP be focused on Inclusive Education and a second RFP be focused on Health & Safety. Staff was asked to draft proposed project details and make the required changes needed to the RFP template to bring back to the Committee in January.

On January 19th, the Committee will meet and review the proposed grant project descriptions and RFP template. Following their review, the Committee will move the recommended grant proposals to the Council for review and consideration.

Action Recommended

Adopt the State Plan Committee's recommendations to approve the Cycle 44 Grant RFPs.

Attachments

None

Handouts

Grant Timeline

Proposed Cycle 44 Project Descriptions

Proposed Cycle 44 Request for Proposal (RFP) Template

JANUARY 26, 2021

**AGENDA ITEM 1
INFORMATION ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Spotlight Focus: COVID-19 Vaccine Updates and Discussion

SCDD Executive Director Aaron Carruthers Disability Rights California Executive Director Andy Imparato and guests from the Department of Health Care Services will provide updates and discussion regarding the COVID-19 vaccine.

SCDD COVID-19 Vaccine Community Conversation

January 14, 2021

Aaron Carruthers

State Council on Developmental Disabilities

CA Community Vaccine Advisory Committee Member



Hope

“There is a light at the end of the tunnel. We are talking about how do we get there from here”

– CA Surgeon General Nadine Burke Harris

Purpose

- ▶ Community Vaccine Advisory Committee
- ▶ Direct connection
- ▶ Share what we know, what we don't know
- ▶ Advocacy success
- ▶ Hear from you

Community Vaccine Advisory Committee (CVAC)

- ▶ CA Dept of Public Health
 - Scientific Safety Review Workgroup
 - Drafting Guidelines Workgroup
 - Community Vaccine Advisory Committee
- ▶ Focused on safety, transparency, and equity of vaccine and distribution
- ▶ 70 members
 - 5 representing disability advocates

Community Vaccine Advisory Committee (CVAC)

- ▶ My focus so far
 - Vaccine priority for people with intellectual, developmental, and other disabilities
 - Vaccine priority for caregivers, whether paid or not, whether family or not
 - Vaccine safety for people with complex medical conditions, and interaction with other drugs
 - Informed consent

Vaccines Approval

- ▶ Friday December 11, 2020: FDA approved Pfizer vaccine
- ▶ Thursday December 19, 2020: FDA approved Moderna vaccine

CA Vaccine Dosages Received

- ▶ January 4, 2021: 2,007,600 doses shipped to local CA health departments
- ▶ End of January 2021: 4 million doses
- ▶ End of April 2021: 20 million doses

CA Vaccine Dosages Administered

- ▶ January 6, 2021: 490,000 doses
- ▶ Pledge: 1 million additional doses between Jan 6 and Jan 16
- ▶ Jan 12: 889,000 doses
- ▶ Approx 600,000 to go

How the Vaccines Work

- ▶ Pfizer and Moderna vaccines use a genetic code to stimulate the immune response against COVID-19
- ▶ Sequence designed on a computer
 - No cells used in creation
- ▶ No live, attenuated, or inactive virus
- ▶ Not protein based
- ▶ Not a DNA vaccine

Vaccine Ingredients

- ▶ Pfizer
 - mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

Vaccine Ingredients

- ▶ Moderna
 - mRNA: the proprietary ionizable lipid SM-102; cholesterol; 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC); and 1-monomethoxypolyethyleneglycol-2,3-dimyristylglycerol with polyethylene glycol of average molecular weight 2000 (PEG2000-DMG); tris buffer containing sucrose and sodium

Vaccine Ingredients

- ▶ Mainly fats, salts, and sugars

More About the Vaccine

- ▶ Need to be shipped and stored cold
 - Pfizer -70 degrees Celsius
 - Moderna -20 degrees Celsius
- ▶ Both need 2 doses for full immunity
 - 1st = 50% immunity
 - 2nd = 95% immunity
 - 21-28 days apart

More About the Vaccine

- ▶ Not known if it prevents transmission
 - We do not yet know whether vaccinated people can spread the virus
- ▶ So keep good practices
 - Face masks
 - Wash hands
 - 6' apart

More About the Vaccine

- ▶ Pfizer clinical trials:
 - 40,000 trial participants
 - 10,000 Latinx/Hispanic
 - 3,500 African- American
 - 1,600 Asian
- Comorbidities
 - Obesity
 - Diabetes
 - Respiratory
 - Cardiac

More About the Vaccine

- ▶ Children not included in clinical trials
 - FDA approved Pfizer vaccine for people 16 years or older
 - FDA approved Moderna vaccine for people 18 years or older
- ▶ Pfizer and Moderna to start clinical trials on younger people
 - 14-15
 - 12-13

More About the Vaccine

- ▶ Pfizer side effects
 - 91.6% injection site pain
 - 68.5% fatigue
 - 63.0% headache
 - 59.6% muscle pain
- No anaphylactic or severe hypersensitivity reactions

More About the Vaccine

- ▶ Believed to be effective against the recent mutated strain

Scarcity: Setting Priorities

- ▶ Currently there is not enough supply to immunize all persons who are willing to accept the vaccine
- ▶ Therefore, California is crafting a fair, equitable, evidence-based, and transparent policy to prioritize those who should be offered the vaccine initially until the capacity to manufacture and administer the vaccine increases

Setting Priorities: Phase 1A

- ▶ Health care workers and long term care residents

First Priority: Health Care Workers

- ▶ Health care workers are in phase 1A because its members play critical roles in maintaining capacity of California's health system and sustaining health services during the COVID-19 pandemic, both for those with COVID-19 and for those who need care due to other causes.

First Priority: Health Care Workers

- ▶ Broad definition of health care workers
- ▶ Phase 1A includes:
 - "Home health care and in-home supportive services"

Setting Priorities: 1 B

- ▶ 1B, Tier 1
 - 65+
 - Essential workers:
 - Education and childcare
 - Emergency services/First Responders
 - Food & agriculture

Setting Priorities: 1B

- ▶ 1B, Tier 2
 - 65+
 - Essential workers:
 - Transportation/ logistics
 - Industrial, residential & commercial sheltering facilities/ services
 - Critical manufacturing
 - Incarcerated
 - Homeless

Setting Priorities: 1C

- ▶ 1B
 - 50+
 - 16-49 with underlying medical conditions and/or disability
 - Essential workers:
 - Water & waste management
 - Defense
 - Energy
 - Communication & IT
 - Financial services
 - Chemicals/hazardous materials
 - Government ops / community service

Advocacy: Move from 1C up to 1B

- ▶ Advocating that people with IDD, other disabilities and older Californians be included in Tier 1B
- ▶ Can be done by stating “any person receiving HCBS services are eligible”

Distribution

- ▶ Local County Public Health Departments will administer for each county

Concerns and Questions

- ▶ How will public health recognize health care providers who work in homes rather than hospitals?
- ▶ How can vaccines be done in-home?
- ▶ How safe is the vaccine?

Is the Vaccine Safe?

- ▶ Answers include:
 - “No reason to believe it’s unsafe”
 - “Out of character for it to have different impact on people with disabilities”
 - “Benefits outweigh the risks”
 - “We know people with disabilities do very badly with COVID”
 - “Weigh real risks of COVID against unknown potential risks of vaccine”

Is the Vaccine Safe?

- ▶ Phase 3: Clinical trials
 - Unknown if people with IDD or other disabilities were included
 - If we were, there isn't data
- ▶ Phase 4: Observational
 - 6-8 months

Observations (so far)

Out of approximately 2.3 million doses administered nationally, approximately 6 allergic reactions

Is the Vaccine Safe?

- ▶ Biggest known risk: allergic reactions
 - If you are someone with anaphylaxis
 - If you are allergic to ingredients

Is the Vaccine Safe?

- ▶ Make the best decision for your self and those you care for based on what's known about the vaccine, what you know about your own medical situation, and weigh it against what's unknown about the vaccine
- ▶ If you have questions or are worried about how the COVID vaccine may impact you, talk to the person who knows your health the best and who knows about the vaccine.

State Council Contact Information

- ▶ Email: scdd@scdd.ca.gov

JANUARY 26, 2021

**AGENDA ITEM 1
INFORMATION ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Committee Reports

SCDD Committee reports will be provided for review and informational purposes.

Attachments

- A. The Legislative and Public Policy Committee met on 1/14/21. The meeting summary will be provided as a handout.
- B. The Self-Advocates Advisory Committee will meet on 1/25/21. The meeting summary will be provided as a handout.

JANUARY 26, 2021

**AGENDA ITEM 1
INFORMATION ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Next Meeting Date and Adjournment

The Council's next meeting is scheduled for Tuesday, March 23rd, 2021.