

NOTICE/AGENDA

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES STATE PLAN COMMITTEE MEETING

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TELECONFERENCE LOCATION

JOIN BY TELECONFERENCE:

SCDD San Diego Imperial Regional Office Call-In Number: (877) 853 - 5257

8880 Rio San Diego Drive, Suite 1015 Meeting ID: **835 1096 7178**

San Diego, CA 92108

JOIN VIA ZOOM: NOV.2025.SPC

Meeting ID: 835 1096 7178

Password: **757574**

DATE: November 13, 2025

TIME: 1:30 PM – 4:30 PM

COMMITTEE CHAIR: Jessica Brown

Item 1. CALL TO ORDER

Item 2. ESTABLISH QUORUM

Item 3. WELCOME AND INTRODUCTIONS

PUBLIC COMMENTS Item 4.

This item is for members of the public to provide comments and/or present information to this body on matters not listed on the agenda. There will be up to 20 minutes allocated to hear from the public with each person allotted up to 3 minutes to comment.

Additionally, there will be up to 10 minutes allocated to hear from the public on each Council agenda item, with each person allotted up to 1 minute to comment.

Item 5. APPROVAL OF OCTOBER 2025 MINUTES VMTE



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Item 6. 2025 PROGRAM PERFORMANCE DRAFT REPORT VMTE

Page 7

Rihana Ahmad, Chief Deputy Director, David Delgado, SCDD Branch Chief of HQ Operations and State Plan, and Barbara Imle, Manager of State Plan and Self-Advocacy

Item 7. 2027-2031 STATE PLAN DEVELOPMENT VMTE

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Rihana Ahmad, Chief Deputy Director, and David Delgado, SCDD Branch Chief of HQ Operations and State Plan

- a. Develop Goal 2 Objective Language
- b. Review and Approve 2027-2031 State Plan

Item 8. **NEXT MEETINGS & ADJOURNMENT**

TBA

Accessibility:

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November 13, 2025

AGENDA ITEM 5 ACTION ITEM

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES STATE PLAN COMMITTEE

Approval of October 2025 Minutes

Members will review and approve the October 29, 2025 meeting minutes.

Action Recommended

Approve the October 29, 2025 minutes.

Attachment(s)

October 29, 2025 Meeting Minutes



DRAFT

State Plan Committee Meeting Minutes October 29, 2025

Attending Members	Members Absent	Others Attending
Jessica Brown, Chair (FA)	Harold Ashe (FA)	Austin Murphy
Cathay Liu (FA)		Barbara Imle
Julio Garnica (SA)		Brian Hoang
Larry Yin (UCEDD)		David Delgado
Nestor Nieves (SA)		Janet Fernandez
		Rihana Ahmad
		Sam Wijesiriwardane

1. CALL TO ORDER

Committee Chair Jessica Brown (FA) called the meeting to order at 10:34 AM

2. ESTABLISH QUORUM

A quorum was established.

3. WELCOME/INTRODUCTIONS

Members and others introduced themselves.

4. PUBLIC COMMENTS

There were no public comments

5. APPROVAL OF AUGUST 2025 MINUTES

It was moved/seconded (Yin [UCEDD]/Garnica [SA]) and carried to approve the August 2025 meeting minutes, as presented (All members present voted to approve. Cathay Liu was not present for the vote. (See Page 1 for a list of members present).

6. 2027 - 2031 STATE PLAN DEVELOPMENT

Overview of Statewide Survey Results

Branch Chief of Headquarters Operations David Delgado and Chief Deputy Director Rihana Ahmad presented results for the 2027-2031 State Plan Development survey. SCDD received 4,197 responses, with family members comprising the largest respondent group at 2,641. Geographic and demographic distribution closely mirrored California's population. Staff noted that response rates were affected by the current political climate, survey fatigue, and staffing transitions at several Regional Offices. Members requested comparative data from the previous survey, including trends analysis and geographic distribution of self-advocate responses. Staff committed to providing this information at the next meeting.

Development of Objective Language

Staff advised the Committee to develop objectives based on the SMART (Specific, Measurable, Achievable, Realistic & Time-Phased) model as recommended by federal feedback. The Committee began by reviewing goal language and developing objectives for Goal 1 (Self-Advocacy) and Goal 3 (Capacity-Building).

Goal 1 (Self-Advocacy):

Members discussed the term "stronger" and suggested alternatives such as "better informed," "more knowledgeable," and "increasing advocacy." The committee agreed to revisit this word choice at the next meeting.

Objective 1 – Members agreed on the language below, with the term "stronger" to be revisited:

"By 2031, the Council will reach ____ self-advocates with community-building activities, training, events, projects and resources that build their capacity for self-governance and to become **stronger**, more active leaders, peer trainers and mentors."

Objective 2 – Staff presented federal feedback recommending concise and plain language. Members agreed on the language below:

"By 2031, the Council will reach ____ self-advocates, representing California's population, to be active in cross-disability and peer networks and groups by providing support and peer advocacy/leadership opportunities."

Goal 3: (Capacity-Building)

No changes were made.

Objective 1 – Members agreed on the language below:

"By 2031, the Council will increase the capacity of ____ people with assistance and resources to identify and obtain the supports and services to help people with intellectual/developmental disabilities live a safer and healthier life, by:

- Providing (staff-led, peer-led and/or collaborative) training to ____ people (family/self-advocates/others), and
- 2. Providing technical assistance (TA)/advocacy clinics and/or resources, reaching ____ people."

Objective 2 – Members discussed focus areas based on statewide survey responses. Staff clarified that regional center work would be addressed through training in Objective 1 and systems change activities in Goal 2, which is addressed through the annual work plan.

The committee agreed on the final focus areas, including health and safety, housing, employment, education, and emerging issues, in the order of priority, as indicated by survey results. Members agreed on the language below:

"By 2031, the Council will engage in projects and events in the areas of health/safety, housing, employment, education, and/or emerging issues reaching ____ people (family/self-advocates/others) with opportunities for community inclusion and family peer support networks that increase their knowledge and capacity to obtain supports and services that are important to them."

Goal 2 (Systems Change) will be reviewed at the next meeting after additional research is considered.

7. NEXT MEETING AND ADJOURNMENT

The next meeting is scheduled for Thursday, November 13, 2025. The meeting was adjourned at 12:22 PM.

November 13, 2025

AGENDA ITEM 6 ACTION ITEM

STATE PLAN COMMITTEE STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

2025 Program Performance Draft Report

The Administration on Intellectual and Developmental Disabilities (AIDD) requires State Councils to prepare an annual Program Performance Report (PPR) that documents the outputs/outcomes/impacts accomplished in carrying out the activities of our 2022-2026 State Plan. These reports are due to the Office of Intellectual and Developmental Disabilities (OIDD) each year for activities performed October 1st through September 30th of every federal fiscal year (FFY).

Staff will present the draft of the 2025 PPR outputs/outcomes/impacts and activity and project highlights in a PowerPoint for Committee members to review and provide input and make recommendations to move the draft 2025 PPR forward to the full Council for approval.

Action Recommended

Recommend approval of the draft 2025 Program Performance Report (PPR) to the full Council at the November 18, 2025 Council meeting.

Attachment(s)

None – there will be a presentation/handout the day of the meeting.

November 13, 2025

AGENDA ITEM 7 ACTION ITEM

STATE PLAN COMMITTEE STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

2027-2031 State Plan Development

Rihana Ahmad, Chief Deputy Director, and David Delgado, SCDD Branch Chief of HQ Operations and State Plan, will present draft objectives for Goals 1 and 3 incorporating recommendations from the October 29th meeting, along with federal feedback and recommended quantitative targets.

Committee members will develop objectives for Goal 2 (Systems Change) using data from the statewide survey results and the State Plan Team's Comprehensive Review Analysis (CRA) research on the current state of State services.

The Committee members will vote on final State Plan language to submit to the full Council at the November 18, 2025 Council meeting.

Action Recommended

Recommend approval of the draft 2027-2031 State Plan to the full Council at the November 18, 2025 Council meeting.

Attachment(s):

2027-31 SPC: State Plan Development Draft: Goal/Objective Language

State Plan Development Survey - Systems Change Data

State Plan Development Survey - Qualitative Data

Comprehensive Review Analysis (CRA) Background & Introduction

Comprehensive Review Analysis (CRA) One-Pagers

November 13, 2025
AGENDA ITEM 7 (Cont.)
STATE PLAN COMMITTEE
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
2027-2031 State Plan Development

Attachment: 2027-31 SPC - State Plan Development Draft: Goal/Objective Language

Purpose: To provide draft language developed by Committee members in last meeting.

2027-31 State Plan

Goal 1: Self-Advocacy

By 2031, the Council will increase the number of people with intellectual/developmental disabilities to become stronger self-advocates, peer trainers, and/or community leaders.

Objectives By 2031, the Council will reach XXX self-advocates with community-building activities, training, events, projects and resources that build their capacity for self-1.1 governance and to become stronger, more active leaders, peer trainers and mentors. By 2031, the Council will reach XXX self-advocates, representing California's population, to be active in cross-disability and peer networks and groups by 1.2 providing support and peer advocacy/leadership opportunities. In the event of unexpected project opportunities, emerging needs, and/or community, cross-regional or statewide requests, the Council may engage in 1.3 additional activities with and/or on behalf of family and self-advocates and those who support and serve them.

Goal 2: Systems Change/Advocacy

By 2031, the Council will lead in partnership with family/self-advocates and others to protect and enhance civil rights, improve statewide and community-based systems, and be more fully inclusive and supportive of people with intellectual/developmental disabilities and their families.

	Objectives						
2.1							
2.2							

Goal 3: Capacity-Building/Advocacy

By 2031, the Council will increase partnerships with and support of more people with intellectual/developmental disabilities and their families, so they know their rights and can advocate for and receive personalized services.

Objectives

By 2031, the Council will increase the capacity of XXX people with assistance and resources to identify and obtain the supports and services to help people with intellectual/developmental disabilities live a safer and healthier life, by:

- **1.** Providing (staff-led, peer-led and/or collaborative) training to XXX people (family/self-advocates/others), and
 - **2.** Providing technical assistance (TA)/advocacy clinics and/or resources, reaching XXX people.

By 2031, the Council will engage in projects and events in the areas of health/safety, housing, employment, education, and/or emerging issues, reaching XXX people (family/self-advocates/others) with opportunities for community inclusion and family peer support networks that increase their knowledge and capacity to obtain supports and services that are important to them.

3.2

November 13, 2025
AGENDA ITEM 7 (Cont.)
STATE PLAN COMMITTEE
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
2027-2031 State Plan Development

Attachment: State Plan Development Survey - Systems Change Data

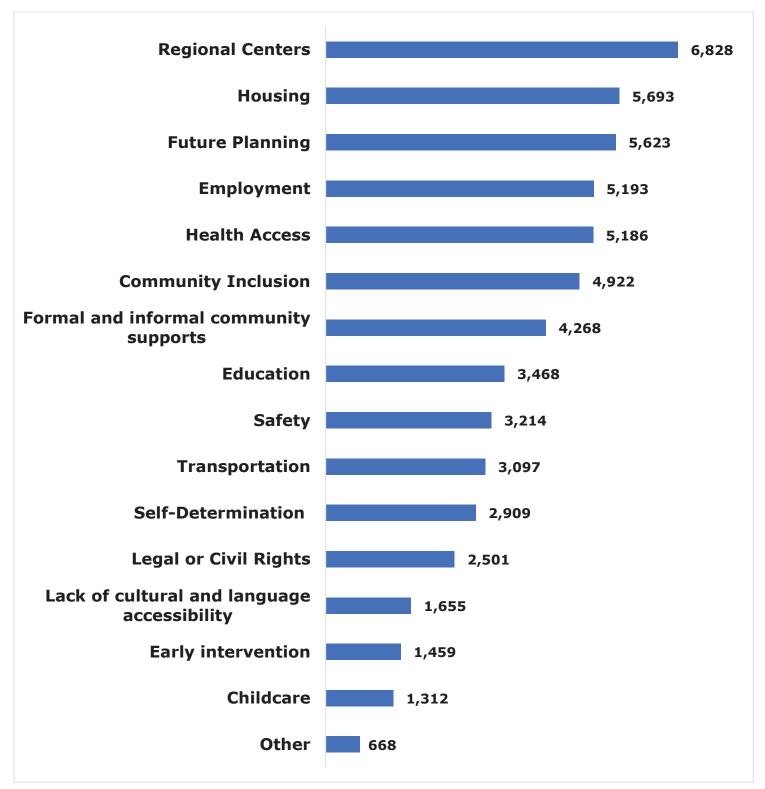
Purpose: This document identifies major barriers to receiving necessary supports and services, as reported by people with I/DD, their families, and others in California.

This data can be used to inform the Committee in drafting objective language and identifying focus areas (e.g. health and safety, employment, housing, etc.), based on the federal areas of emphasis.

SYSTEMS CHANGE

Question: Within California's service systems, where are the most impactful barriers for people with intellectual and/or developmental disabilities and their families?

Most Impactful Barriers (all Respondents)



Top 10 Most Impactful Barriers (by Group)

	People with I/DD	Family Members	Others
1	Health access/affordability (1,277)	Regional Centers (4,584)	Regional Centers (2,257)
2	Housing (1,271)	Future planning/transition to adulthood (3,854)	Housing access/affordability (2,045)
3	Employment (1,223)	Housing access/affordability (3,296)	Employment (1,897)
4	Regional Centers (1,082)	Community inclusion (3,128)	Health access (1,684)
5	Formal and informal community support (1,005)	Health access (3,021)	Transition to adulthood/future planning (1,571)
6	Transportation (984)	Employment (1,876)	Community inclusion (1,435)
7	Community Inclusion (974)	Formal and informal community support (2,682)	Formal and informal community support (1,193)
8	Safety (946)	Education (2,227)	Transportation (1,129)
9	Transition to adulthood/future planning (938)	Safety (1,789)	Safety (886)
10	Self-Determination (849)	Self-Determination (1,782)	Education (874)

November 13, 2025
AGENDA ITEM 7 (Cont.)
STATE PLAN COMMITTEE
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
2027-2031 State Plan Development

Attachment: State Plan Development Survey Qualitative Data

Purpose: This document identifies more specific concerns, emerging issues, and barriers to obtaining important supports and services for people with I/DD and their families in California.

This data can also be used to inform the Committee in drafting objective language and identifying focus areas (e.g. health and safety, employment, housing, etc.), based on the federal areas of emphasis.

QUALITATIVE ANALYSIS

Question: Are there any new issues or problems that SCDD should know about? (329 responses)

Top Themes

1. Services and Supports (30–35%)

- **a.** Difficulty accessing care coordination and/or regional center, IHSS, and/or respite services
- **b.** Long waitlists, inconsistent information, and complex processes
- **c.** Caregiver burnout caused by having to navigate through multiple systems

2. Workforce (25-30%)

- **a.** Shortage of trained personnel, such as direct support professionals (DSPs), inhome caregivers, behavioral specialists, and/or school staff
- **b.** Low staff wages and high turnover

3. Housing (20-25%)

- a. Lack of affordable, accessible, and supportive housing options for adults with I/DD
- **b.** Risk of homelessness risks or lack of placement without family/caregiver

4. Access to Health and Mental Health Services (20%)

- a. Difficulty finding qualified healthcare providers with I/DD experience/knowledge
- **b.** Significant gaps in mental health services, including crisis care, bilingual providers, and trauma-informed supports
- **c.** Limited dental and preventative care access

5. Transportation (15-18%)

- **a.** Inadequate accessible transportation for work, school, medical appointments, and community life
- **b.** Issues are especially prominent in rural areas.

6. System Navigation and Bureaucracy (15%)

- **a.** Service systems are overwhelming, inconsistent, and difficult to navigate
- **b.** Excessive paperwork
- c. Unclear guidance

Question: Are there any new issues or problems that SCDD should know about? (329 responses) (Continued)

Additional Issues

1. Post-Pandemic Regression and/or Isolation

- a. COVID-19 service/program/social disruptions
- **b.** Loss of social skills, employment progress, and mental health stability
- **c.** Increased isolation due to loss of community programs

2. Aging Caregivers and Future Planning

a. What will happen to adult/minor child(ren) if/when parents/guardians are no longer able to provide care?

3. Digital Barriers and Technology/AI Concerns

- **a.** Digital portals
- **b.** Telehealth platforms
- c. AI and/or automated systems are not all accessible to people with disabilities

4. Cultural and/or Language Gaps

- **a.** Services
- **b.** Translations
- **c.** Culturally responsive providers

5. Education and Transition

- **a.** Staffing shortages for special education classes/services
- **b.** Inadequate implementation of IEPs
- c. Poor transition planning from school to adulthood

6. Emergency Preparedness and Safety

- a. Lack of disability-inclusive disaster planning
- **b.** Fear of negative interactions with law enforcement and/or other first responders

Question: Are there ongoing or old issues that have still not been fixed? (310 responses)

Top Themes

- **1. Regional Centers** (30–35%)
 - **a.** Inconsistent services across regions
 - **b.** High caseload numbers
 - c. Frequent staff turnover
 - **d.** Lack of communication
 - **e.** Denial of services
 - **f.** Many noted that these issues have persisted for years without meaningful improvement
 - g. Self-Determination Program barriers
 - 1) Uneven implementation across the state/regional centers
 - 2) Lack of FMS/consultants
 - **3)** Struggles in getting budget approvals
 - **h.** Lack of accountability—issues are repeatedly discussed year after year, but families feel there is no enforcement or follow-through
 - i. Paperwork burden and bureaucratic delays, described as emotionally draining and difficult to sustain

2. Access to Services and/or Navigating Systems (25–30%)

- **a.** Navigating systems
 - 1) IHSS
 - 2) Medi-Cal
 - 3) Respite
 - **4)** SDP
 - **5)** Other systems

Question: Are there ongoing or old issues that have still not been fixed? (310 responses) (Continued)

Top Themes (Continued)

2. Access to Services and/or Navigating Systems (25–30%) (Continued)

- **b.** Processes
 - **1)** Slow
 - **2)** Confusing
 - **3)** Adversarial
 - **4)** Unclear eligibility requirements
 - **5)** Overwhelming paperwork
- c. Service and support disparities among:
 - 1) Regions
 - **2)** Socio-economic groups
 - 3) Immigrants and families of color
 - 4) Rural/frontier communities
 - **5)** Those with limited income
 - **6)** Those will little-to-no English proficiency

3. Shortages in Service and Support Workers (20-25%)

- a. Qualified caregivers/DSPs
- **b.** Nurses
- c. Behavioral specialists
- **d.** School aides
- e. Bilingual providers
- f. Low wages and burnout contribute to instability and gaps in care

4. Housing (18-22%)

- a. Critical, unresolved issue for adults with I/DD and aging caregivers
- **b.** Long-term lack of affordable, accessible housing options
- c. Inadequate number of independent on supported living placements

Question: Are there ongoing or old issues that have still not been fixed? (310 responses) (Continued)

Top Themes (Continued)

5. Healthcare and Mental Health (15-18%)

- **a.** Inadequate access to primary care doctors, mental health professionals, dentists, and other specialists
- **b.** Professional staff lack understanding/knowledge about I/DD
- c. Crisis mental health services are insufficient
- **d.** Long wait times
- e. Insurance barriers

6. Transportation (10-15%)

- **a.** Lack of reliable, affordable, accessible transportation
- **b.** Limits opportunities for:
 - 1) Employment
 - 2) Education
 - **3)** Medical care
 - 4) Community participation
 - 5) Rural/frontier areas

November 13, 2025

AGENDA ITEM 7 (Cont.)

STATE PLAN COMMITTEE

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

2027-2031 State Plan Development

Attachment: Comprehensive Review Analysis (CRA) Background & Introduction

Purpose: General statewide demographic information about people with I/DD. This provides a description of people identified and served by the regional center system in California.

Comprehensive Review and Analysis (CRA): Introductory/Background Data

Number, Age	Number, Age, Gender, and Percentage of Active RC/DDS Clients With CDERs (T1)								
Age Range	Total # *	% of Total RC/DDS Clients *	Male	% of Age Range	Female	% of Age Range			
0-2	193	.05%							
3-5	39,473	10%							
6-9	60,248	15%							
10-13	44,164	11%							
14-17	38,646	10%							
18-21	36,735	9%							
22-31	68,672	18%							
32-41	43,403	11%							
42-51	23,383	6%							
52-61	17,087	4%							
62+	17,224	4%							
TOTAL CLIENTS	389,228	98.05%*	263,008	68%	126,220	32%			

	U.S. Demographics: Ethnicity (331,449,281)									
Asian	Black	Hispanic	Native American	NH/OPI	White	Other				
6%	12%	19%	1%	.21%	62%	8%				
19,886,049	41,104,200	62,080,044	3,727,135	689,966	204,277,273	27,915,715				

California Demographics: Ethnicity								
Asian	ian Black Hispanic		Native American	White	Multi-Racial			
5,978,795	2,119,286	15,579,652	518,181	13,714,587	1,627,722			
15.1%	5.4%	39.4%	1.3%	34.7%	4.1%			

		Types of Disabilities of Active RC/DDS Clients (Table 1)								
Type of Disability	Intelled Disability		Autism Sp Disorder		Cerebral (CP)	•	Epilepsy		5 th Category (Other)	
Only	97,820	25%	159,982	41%	6,082	2%	2,955	.8%	21,185	5%
Mixed	147,017	46%	212,824	55%	34,326	9%	36,828	9%	42,828	11%
Don't Have a Disability	210,661	54%	176,132	45%	354,902	91%	352,400	89%	346,400	89%

Ethnicity of Active RC/DDS Clients									
Asian	Black	Filipino	Hispanic	Native American	Polynesian	White	Other		
27,917	34,423	9,956	163,448	1,410	898	103,696	37,480		
7%	9%	3%	42%	.4%	.2%	27%	12%		

P	urchase-of-Servi	ce Expenditures by Ra	ace/Ethnicity	
Race/Ethnicity	Number of RC Clients	Individual Authorized Services	Actual Individual Expenditures	% of Authorized \$\$ Used
American Indian or Alaska Native	1,718	\$39,528	\$26,513	67.1%
Asian	44,747	\$27,854	\$19,059	68.4%
Black/African American	40,142	\$40,918	\$29,264	71.5%
Hispanic	215,937	\$20,593	\$13,670	66.4%
Native Hawaiian or Other Pacific Islander	979	\$29,083	\$20,812	71.6%
White	125,572	\$49,860	\$34,491	69.2%
Other Race/Ethnicity or Multi-Cultural	75,733	\$18,766	\$11,575	61.7%
Total	504,828	\$29,939	\$20,310	67.8%

November 13, 2025
AGENDA ITEM 7 (Cont.)
STATE PLAN COMMITTEE
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
2027-2031 State Plan Development

Attachment: Comprehensive Review Analysis (CRA) One-Pagers

Purpose: These are research documents by the State Plan Team. Each document represents a federal area of emphasis (e.g. health, employment, etc.) and identifies the available supports, services, and waitlists for people with I/DD and their families throughout California.

Comprehensive Review Analysis (CRA):

Education and Early Intervention

- Education was rated as #12 for self-advocates and #8 for family members and #10 for others, and Early Intervention was rated as #13 for self-advocates and #14 for all others as the highest impact barriers in Goal 2.
- Developmental screening for Medi-Cal enrollees continues to be a problem, with California's overall screening rate (26%) being among the lowest, nationally.
- The uptake rate for Transitional Kindergarten (TK) and state-funded Pre-K programs for 4-year-olds has declined to 59% of the eligible population in 2023–24, which is down from the pre-pandemic figure of 72%.
- The state's Master Plan for Developmental Services is focused on systemic reform to streamline processes and reduce wait times, in order to provide timely access to critical services for eligible children.
- Special Education enrollment has continued to climb, with 827,105 students with disabilities served in the 2024–2025 school year, making up about 15% of the total K-12 population.
- Students classified as 'Long-Term English Learners' are unevenly represented in special education, with a 28% rate, as compared to an 11% rate for students who were ever English Learners (former and current English Learners), which is a significant issue in identification and support for this subgroup.
- The state is required to monitor performance indicators, which include the percentage of families reporting that the Early Start system helped their child develop and learn.
 Continual reporting helps local regional centers and the California Department of Education improve local performance of Early Start outcomes.
- Statewide growth in special education student graduation rates has continued after the pandemic. In the 2023–24 school year, the overall 4-year group graduation rate reached 86.4%.
- Autism is the disability showing the largest year-over-year increase, accounting for 42.6% of the total increase in school-age students with disabilities in 2023.

2024–2025 Data: The official, finalized 2024–2025 data will not be available until the

CDE completes its full data collection and certification process,

typically in late 2025 or early 2026.

2023–24 Data: The disability categories and enrollment breakdown in California for

individuals (newborn through twenty-two [22] years of age) receiving special education services in 2023–24 are as follows:

Autism Spectrum Disorder (ASD): 169,430

Deaf-Blindness (DB): 95

Deafness (DEAF): 2,815

Emotional Disturbance (ED): 21,764

Hearing Impairment (HI): 9,534

Intellectual Disability (ID): 40,298

Multiple Disability (MD): 8,872

Orthopedic Impairment (OI): 6,146

Other Health Impairment (OHI): 126,685

Specific Learning Disability (SLD): 280,122

Speech or Language Impairment (SLI): 181,375

Traumatic Brain Injury (TBI): 1,331

Visual Impairment (VI): 2,528

Comprehensive Review Analysis (CRA): Employment

- Employment was rated as **#3** for self-advocates, **#6** for family members and **#3** for all others, as the highest impact barrier in **Goal 2**.
- Agencies tasked with providing information to update the Council's Data Dashboard provided updated information in 2024
- 14.9% of students in the state (850,995) received special education (SpEd) services in 2024;
- Typically, fewer than **70%** graduate within four years (if at all)
- 2023-24 graduation rates indicate that 73.6% of students with disabilities graduated within 5 years
- **50.82%** of SpEd students (in CA) left secondary school and (within one year) enrolled in higher education:
- 75.06% were enrolled in higher education or were competitively employed
- 90.47% were enrolled in post-secondary education/training programs or (whether in CIE or not) employed (OSEP, 2022)
- 22,809 (approximately 2.7% of all SpEd) students (with I/DD) participated in paid work experience or unpaid community-based vocational education through Workability I (2022):
- **18** of people with I/DD received on-the-job training (OJT) through the California Department of Rehabilitation (DOR)
- DOR and the regional center (RC) system may provide rehabilitation services and/or assistive technology (AT), attendant care, job coaching, etc. to facilitate the employment of people with I/DD
- 34,561 people with disabilities applied for vocational rehabilitation services through
 DOR in 2023 a 78% increase in new applicants since 2021
- DOR served 14,969 students with disabilities in 2023 (DOR, Comprehensive Statewide Assessment) – or 9.2% of students with disabilities in the state

- DOR reported 1,079 successful case closures for people with I/DD in 2023 (individuals satisfactorily employed for at least 90 days)
- 1,833 people with I/DD participated in competitive integrated employment (CIE) in fiscal year (FY) 2023-24
- As of December 2024, DDS reported that there are no consumers earning less than minimum wage
 - 75 individuals are now engaged in CIE, 700 are employed in group settings, 240 are employed in work activity programs, and 70 are participating in paid internships
 - DDS consumers who were previously employed in subminimum wage jobs are participating in day programs (850), training programs (600), or have retired, moved, or stopped working (170) (LAO, DDS, 2025)
- In 2024, **7.9%** of working-aged people in the U.S. (between the ages of **16** and **64**) reported having a disability, with **22.7%** being employed, **7.5%** being unemployed, and **75%** not in the labor force
- In 2024, **8.1%** of people with disabilities reported an unemployment status
- In 2024, Black persons with disabilities had the highest unemployment rates (at 10.8%), followed by Latino people with disabilities (at 9.5%), Asian people with disabilities (at 8%), and White people with disabilities (at 7.1%) (DOL)

Comprehensive Review Analysis (CRA):

Formal & Informal Community Supports

Regional Center Day Program/Supported Employment Services (\$ in thousands [000's])

Purchase of Services: Caseload Growth/Utilization	FY 24-25	FY 25-26	Difference
Community Care Facilities	\$3,402,547	\$3,751,312	\$348,765
Medical Facilities	\$53,600	\$55,546	\$1,946
Day Programs	\$1,544,253	\$1,821,557	\$277,304
Habilitation Services	\$141,802	\$147,898	\$6,096
Work Activity Program	\$2,950	\$1,207	(\$1,743)
Supported Employment Program – Group Placement	\$70,000	\$64,678	(\$5,322)
Supported Employment Program – Individual Placement	\$68,852	\$82,013	\$13,161
Transportation	\$559,605	\$723,815	\$164,210
Support Services	\$3,023,980	\$3,831,456	\$807,476
In-Home Respite	\$1,426,080	\$1,598,050	\$171,970
Out-of-Home Respite	\$49,424	\$75,494	\$26,070
Health Care	\$277,445	\$337,142	\$59,697
Miscellaneous Services	\$1,407,335	\$2,123,885	\$716,550
Intermediate Care Facility- Developmentally Disabled Quality Assurance Fees POS	\$11,000	\$11,000	0
Total POS Caseload Growth	\$11,897,071	\$14,477,155	\$2,580,084

Regional Center Purchase-of-Service (POS) Expenditures									
Type of RC/DDS Client	All *	Intake	Early Start	Primarily Non- English- Speaking	Primarily English- Speaking				
Average POS Expenditure	\$1,907	\$209	\$648	\$1,419	\$2,045				
# of RC/DDS Clients *	368,187 *	44,816	78,350	81,447 *	286,740 *				
%	100% *	N/A	N/A	22% *	78% *				

* NOTE: These appear to be strictly 'Lanterman' or 'active' clients (those already considered by an RC to be eligible (with a CDER [Client Development Evaluation Report]) for services, rather than being in an Intake caseload/process or receiving Early Start services.

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- Formal and Informal Community Supports was rated as **#5** for self-advocates and **#7** for family members and others, as the highest impact barrier in Goal 2.
- In its charted client population estimates, DDS is anticipating an increase of clients, from **385,532** in January of 2025 to **417,146** by January of 2026 (DDS: Regional Centers 2025 May Revision, C-2 through C-4).
- California is projected to have a total population of 8,938,085 people, aged 60-110, representing approximately 23% of its statewide population, an increase of more than 2% of California's current percentage of older Californians.
- The Older Americans Act (OAA) has established means-tested programs through a
 national network of services (e.g. state, Tribal, and local entities) for older adults and
 caregivers, ensuring greater independence through nutritional programs, in-home and
 social supports, transportation, caregiver services, and other protections.
- California has one of the lowest annual funding rates per person living under the Federal Poverty Line (FPL), at just \$0.75 per year. California allocated \$62.7M in this year's budget to address food insecurity, but that is expected to drop to an \$8M baseline amount in the next state fiscal year (CA Assoc. of Food Banks).
- There are 41 major food banks through the California Association of Food Banks helping children, seniors, working poor, homeless, veterans and people with disabilities.
 Approximately 60% of 285 other, smaller food closets/pantries with the California Association of Food Banks are associated with religious entities.
- By the end of the 2024 federally mandated homeless point-in-time count (CalMatters, Jan. 6, 2025), California's homeless population had increased by 3%, with an estimated 187,000 people in shelters or sleeping 'in the street.' California's year-round shelter bed capacity has increased by 5.9%, with 208,794 beds.
- There are 168 domestic violence/sexual assault-related (DV/SA) organizations (primarily serving women) in 109 cities in California. Spanish is spoken at 85% and Tagalog at 11% of the organizations, although some shelters also provide services in other languages, such as sign language, Russian, Chinese, French, Portuguese, Vietnamese, Korean, German, and/or Italian. Sixty-nine (69) locations report that they serve people with I/DD, 78 serve people with disabilities, 68 report serving those who are deaf/hard-of-hearing.
- Services provided through DV/SA programs include safety planning, case management, food and clothing, crisis intervention, confidential shelters, emergency cell phones and transportation, mobile advocacy, etc. Other services include legal and limited financial supports, counseling, temporary and transitional housing, children's support, and community education services.

Comprehensive Review Analysis (CRA): Health and Healthcare

- Health and Healthcare was rated as #1 for self-advocates, #5 for family members and #4 for all others, as the highest impact barrier in Goal 2.
- **16%** of California children (from birth-**17**), have special health care needs (CSHCN) that is higher than national average and many have multiple chronic conditions: **65%** have more than one (**1**), and **27%** have three (**3**) or more.
 - Although **96%** of CSHCN had consistent insurance coverage in 2022, only **59%** reported that coverage was *adequate*, which is below the **71%** adequacy rate for children without special health care needs. National insights reveal that Medicaid is the sole coverage for **1 in 3** CSHCN, and the EPSDT benefit (Early and Periodic Screening, Diagnosis, and Treatment).
- California Children's Services (CCS) supports 165,000+ children with serious chronic diseases. As of June 2025, 1,222,974 California children were enrolled in the Children's Health Insurance Program (CHIP).
- As of July 2023, California's Home & Community-Based Alternatives (HCBA) waiver has capped slots and currently maintains a waiting list, leaving families awaiting inhome support, with 5,452 people on waitlists as of November 2024.
- Counties expected to have the largest absolute growth in long-term support and services (LTSS) users are the most populated counties in the southern region of the state. These are estimated to be over 1.6 million LTSS users by 2040 in Los Angeles, San Diego, and Orange counties.
- In 2022, California enacted CARE Court(s), which serve people with schizophrenia or other psychotic and/or mental health disorders. While it was estimated that between 7,000 and 12,000 Californians would qualify for CARE Court, only 2,421 petitions have been filed through July 2025, and only 528 of those have resulted in treatment agreements or plans. Further, very few people have successfully completed CARE Court. Although it has had the most petitions (511), Los Angeles County has had no graduations.
- In 2024, about 36,763 active RC clients (approximately 10%) had a dual diagnosis of I/DD and mental illness, with about 23% reportedly having severe behaviors. Individuals with I/DD and high behavioral support needs are more likely than others with I/DD to find themselves in crisis and/or homeless and struggle to find homes with needed supports.

- California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative (2022–2028) led by the Department of Health Care Services (DHCS). While CalAIM promotes voluntary, community-based care, new court-mandated programs (like CARE Court) risk pushing people into treatment without a guarantee of housing.
- Reports of serious abuse where people with I/DD who were excessively restrained highlights the systemic failures in institutional mental health care.
- In 2024, 616 (.16%) of active RC clients were reported to be unhoused. 28% of homeless RC clients take behavior-modifying drugs, as compared to 15% of housed peers. Additionally, 28% of unhoused RC clients have one (1) or more special health conditions or behaviors, as compared to 4% of their residentially secure peers.

Comprehensive Review Analysis (CRA): Housing

- Housing was rated as #2 for self-advocates, #3 for family members and #2 for all others, as the highest impact barrier in Goal 2.
- In 2024, while homelessness increased nationally by over **18%**, California limited its overall increase to just **3%**. The state also held the growth of unsheltered homelessness to just **0.45%**, compared to a national increase of nearly **7%**.
- Over the past five (5) years, hourly wages increased 24% and SSI payments increased roughly 21.6%, while the purchase cost of mid-sized homes rose 82%, low-tier homes 87%, and rental costs 38% (Bentz, 2025).
- The average monthly payment for a modest 2-bedroom home, given a mortgage rate of **6.65%** (as of March '25), is approximately **\$4,725**. To qualify for financing a mid-sized home, financial lending institutions are requiring an annual, combined household income of **\$234,000**.
- California participates in HUD's Section 8 voucher program for those individuals and families with low, low-low, and extremely-low-income levels. Based on combined household income, family size, and local rental costs, Section 8 users will typically pay **30%** of their adjusted income toward rent, while the program subsidizes the remaining amount, up to local Fair Market Rent (FMR) limits.
- Each of California's regions (in northern, central and southern California) has **6** different HUD offices, all of which accept and review applications, determine eligibility, and distribute vouchers to eligible individuals and families (Bianchi, 2024).

	Residential Settings of Active RC/DDS Clients (Table 1)									
With Family or Guardian	Community Care	Independent Living	Intermediate Care Facility	Developmental Center	Skilled Nursing Facility	Other				
304,298	27,329	27,412	5,630	205	882	2,431				
83%	7%	7.5%	1.5%	.06%	.24%	.66%				

Regional Centers: Homeless Consumers (CDER Master File; Table 55)							
Intellectual Disability	Cerebral Palsy	Autism	Epilepsy	Deaf/HoH	Visually Impaired	Medically Impaired	
431	19	158	50	6	30	137	
52%	3%	23%	7%	1%	4%	20%	

Regional Centers: Homeless Consumers: Levels of Intellectual Impairment (CDER Master File; Table 55)						
					Unspecified	
264	388	26	1	1	15	
38%	56%	4%	.1%	.1%	2%	

Regional Centers: Homeless Consumers (CDER Master File; Table 55, Cont.)							
Non-Speaking	Severe Behaviors	Violent	Self-Injurious	Destroy Property	Unacceptable Behaviors	Toileting Issues	
11	109	116	117	152	240	143	
1%	16%	17%	17%	22%	35%	21%	

Comprehensive Review Analysis (CRA):

Safety/Quality Assurance

- Safety was rated as #8 for self-advocates and #9 for family members and others, as the highest impact barrier in Goal 2.
- 2024 DDS data shows an increase in suspected abuse/neglect and key clinical risk categories.
- Citations and penalties issued to ICFs have increased from 19 (issued in 2022) to 75 (issued in 2024).
- Quality of care received in intermediate care facility (ICF) settings has been decreasing. ICF violations increased from **3,051** during July 2020 through June 2021 and increased again to **7,992** during July 2023 through June 2024.
- There has been an increase of manual and physical restraints in state-operated facilities. in 2024, there were **654** documented cases of manual/physical restraints being used on clients in state-operated facilities, as compared to **483** in 2022.
- Frequency of physical or chemical restraint of RC clients within state-licensed living arrangements has increased from 112 reported cases of clients being restrained (79 physically and 33 chemically in 2022) to 144 reports of client restraint (107 physical and 37 chemical restraint cases in 2024). More than 60% of these reports were documented within licensed residential facilities.
- California failed to fully comply with Medicaid requirements for critical incident reporting in community care facilities, and data shows an ongoing weakness in state oversight and follow-up on critical incidents.
- The rates of all non-mortality incident types increased, as compared to 2021-2022, except for victims of crime. Unplanned medical hospitalizations accounted for nearly 30% of all reported Title 17 incidents. Injuries and medication errors each represented more than 10% of all reported incidents.
- NCI data shows that California is behind other states in person-centered planning and access to service coordinators. CA also scored below the national average on autonomy and self-determination in Home and Community-Based Services (HCBS).

- People with disabilities are also placed in solitary confinement at higher rates. In 2023, Disability Rights California (DRC) reported that Californians with disabilities are dramatically overrepresented in criminal justice settings like juvenile detention, jails, and prisons. A rough estimate suggests that from 4,000-12,000 people in CA prisons have I/DD.
- In the United States, 50% of people killed by law enforcement have disabilities. DRC reports that Crisis Intervention Team (CIT) training for law enforcement alone has not improved outcomes and that more mobile crisis teams are needed.
- Despite reforms (e.g. AB 1663) and legal mandates, many provisions (e.g., AB 1194, addressing oversight) remain unfunded or inconsistently applied, meaning unwarranted and/or overly restrictive conservatorships may continue. Probate filings increased from 14,525 in 2021 to 20,736 in 2024.

Comprehensive Review Analysis (CRA): Transportation

- Transportation was rated as #6 for self-advocates, #12 for family members and #10 for all others, as the highest impact barrier in Goal 2.
- DDS has estimated \$117.5 Million for Purchase of Service (POS) costs for day programs and transportation (FY 24–25)
- There is a prioritization on improving communications, including ensuring all transportation information is available in a variety of accessible formats and devices
- The loss of revenue following the health crisis has continued to reduce transportation availability, leading to service cuts (e.g., discontinued bus/train routes, fewer drivers, decreased frequency of stops, etc.)
- Paratransit ridership has significantly rebounded from the pre-pandemic period, with LA County Access Services reporting an 18% surge in completed trips to 3.4 million in 2024. Service performance improved, with on-time performance for LA County Access Services in 2024 at 92.3%.
- Despite being a large population, people with disabilities face systemic exclusion due to issues like inadequate transportation, which restricts access to civic and social engagement opportunities. Inadequate transportation is listed as a major factor contributing to high rates of poverty among people with disabilities in the state.
- There are over **200** public transit agencies in California that deliver various services, including buses, rail, ferries, and paratransit vans. The California State Transportation Agency (CalSTA) works with these agencies, recently approving over **\$2.2** billion in funding through the SB 125 program, as of August 2024.
- Roughly 2 million people (5.8% of the state's population) have ambulatory and/or mobility disabilities, which are most prevalent and directly affect the ability to use transportation.
- Many Californians with disabilities report struggles getting accessible transportation and rideshare vehicles that can accommodate wheelchairs, such as taxis/train/travel-linked infrastructure, etc. Nearly half of rideshare requests from people with disabilities go unanswered.
- Those with disabilities are more likely to live in households with no vehicle access, which increases dependence on public transit or rideshare services. While the Californiaspecific numbers for this were not as clearly documented through available sources, U.S. data shows it as a major factor.