



NOTICE/AGENDA

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

This meeting is being held via teleconference within the meaning of Government Code section [11123.2](#). Members may be physically present at one or more teleconference locations. There may be members of the public body who are participating in today's meeting that were granted a reasonable accommodation per the Americans with Disabilities Act (ADA). Accessible formats of all agenda and materials can be found online at www.scdd.ca.gov

TELECONFERENCE LOCATION

LOS ANGELES REGIONAL OFFICE
411 N. Central Ave. Ste 620
Glendale, CA 91203

JOIN BY TELECONFERENCE:

Call-In Number: (888) 475-4499
Meeting ID: **821 2879 3974**

JOIN VIA ZOOM:

Meeting ID:
Password:

bit.ly/LPPC-JAN-2025
821 2879 3974
225384

DATE: January 28, 2025

TIME: 10:30 AM – 2:00 PM

COMMITTEE CHAIR:

TBD

Item 1. CALL TO ORDER

Item 2. ESTABLISH QUORUM

Item 3. WELCOME AND INTRODUCTIONS

Item 4. PUBLIC COMMENTS

Page 3

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 agenda item, with each person allotted up to 1 minute to comment.

Item 5. APPROVAL OF OCTOBER 2024 MINUTES 

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Item 6. PURPOSE OF LPPC AND OVERVIEW OF LEGISLATIVE AND BUDGET PROCESS

Page 11

Christofer Arroyo, Deputy Director

Item 7. LEGISLATIVE UPDATE

Page 23

Christofer Arroyo, Deputy Director

- a. 2025 Priority Focus
 - b. There Should Be a Law Contest Update
 - c. Budget Update
-

Item 8. UPDATES AND STANDING AGENDA ITEMS

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- a. Council Updates
 - b. Master Plan Update
 - c. DDS Taskforce and Workgroup Updates
 - d. Self-Determination Program
-

Item 9. MEMBER UPDATES

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All

Item 10. FUTURE MEETINGS AND ADJOURNMENT

March 11th, June or July TBD, October 28th

Accessibility:

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

January 28, 2025

**AGENDA ITEM 4.
INFORMATIONAL ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – LPPC

Public Comment

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 agenda item, with each person allotted up to 1 minute to comment.

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January 28, 2025

AGENDA ITEM 5.

ACTION ITEM

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – LPPC

Approval of October 2024 Minutes

Members will review and approve the October 2024 meeting minutes.

Action Recommended

Approve the October 15, 2024, minutes.

Attachment(s)

October 2024 Meeting Minutes

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DRAFT
Legislative and Public Policy Committee Meeting Minutes
October 15, 2024

Attending Members

Harold Ashe (FA)
Nicole Adler (SA)
Rosie Ryan (SA)
Wesley Witherspoon (SA)
Andy Imperato (DRC)

Members Absent

Julie Neward (FA)

Others Attending

Aaron Carruthers
Beth Hurn
Chris Arroyo
Hilary Baird
Ibrahim Muttaqi
Riana Hardin
Rihana Ahmad
Robin Maitino-Erben
Veronica Bravo

1. CALL TO ORDER

Committee Chair Harold Ashe called the meeting to order at 10:30 AM.

2. ESTABLISH QUORUM

A quorum was established.

3. WELCOME/INTRODUCTIONS

Members and others in attendance introduced themselves.

4. PUBLIC COMMENTS

There were no public comments.

5. APPROVAL OF THE MARCH 2024 MEETING MINUTES

It was moved/seconded (Witherspoon [SA]/Ryan [SA]) and carried to adopt the March 14, 2024, meeting minutes as presented. (Motion passed unanimously. See page one for a record of members present)

6. STATE LEGISLATIVE AND BUDGET UPDATES

Executive Director Aaron Carruthers provided members with an update on the status of legislation that the Council supported in 2024 and items in the state budget related to the Council’s legislative priorities. Executive Director Carruthers reported that Governor Newsom approved \$2 Million recurring funds for a California Center for Inclusive College to help students with intellectual disabilities transition to college. AB 1876 (Jackson), a bill that will allow meetings for individual program plans (IPP) and individualized family service plans (IFSP) was also passed via the State Budget. The following link can be used to view the full presentation: https://scdd.ca.gov/wp-content/uploads/sites/33/2024/10/October-2024_LPPC-Legislation-Update-PP-Corrected.pdf

7. 2025 LEGISLATIVE PLANNING

Executive Director Aaron Carruthers provided a presentation of the highlights of the 2024 “There Should Be a Law” Contest Report Draft. Members reviewed the report and requested that staff keep all submissions in the report as they were received but add a disclaimer that states that not all submissions represent the view, mission or goals of SCDD and the I/DD community. Members also requested that staff add notes that provide additional information and/or context for the submissions, when appropriate.

Committee members discussed staff recommendations for a legislative theme for 2025, which centered on prioritizing inclusion in all aspects of life. After making suggestions on what to prioritize, members agreed that they would like to recommend the theme of “taking charge.”

Members reviewed the 2025-26 Policy Priorities document and requested that staff make edits to ensure that the document reflects current Council activities. To reflect the Council’s views about the importance of people with I/DD driving the policy process, members requested that staff draft a brief preamble to the Policy Priorities. Edits will be presented to the full Council for approval.

It was moved/seconded (Witherspoon [SA]/Ryan [SA]) and carried to recommend that the Council make “Taking Charge” the legislative theme for 2025 (Passed unanimously. See Page 1 for a record of members present).

8. **UPDATES AND STANDING AGENDA ITEMS**

Executive Director Aaron Carruthers reminded members that Council Chair and Vice Chair elections will be held at the November 2024 Council Meeting. Members briefly shared their thoughts and concerns about the development process of the Master Plan for Developmental Services, as well as their experiences with participating in various workgroups.

Members were provided with a link to review updates related to the Self-Determination Program (SDP). Executive Director Carruthers informed members that SCDD participated in the Department of Developmental Services SDP advisory group on September 23, 2024 where members were asked to provide feedback on draft Independent Facilitation and Financial Management Services standards. The Committee was also informed that the Statewide Self-Determination Advisory Committee will hold a Town Hall in early December 2024.

9. **MEMBER UPDATES**

Committee member Andy Imparato (DRC) shared that Disability Rights California is excited to be part of the California Disability Leadership Alliance, a coalition led for and by people with intellectual and developmental disabilities. Mr. Imparato informed members that the coalition is working on a “State of the State” report to educate legislators about what is and is not working in California and provide input on what California can do to become more of a national leader in supporting the rights of people with I/DD.

10. **FUTURE MEETINGS AND ADJOURNMENT**

The committee will meet again in January of 2025. The meeting adjourned at 1:59 PM.

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January 28, 2025

**AGENDA ITEM 6.
INFORMATIONAL ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – LPPC

Purpose of LPPC and Overview of Legislative and Budget Process

Deputy Director Christofer Arroyo will provide members with an overview of the Committee's purpose and go over the state legislative and budget process.

Attachment(s)

January 2025, Legislative and Budget Process Presentation

Handout(s)

May be handouts the day of the meeting.

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2025 The Legislative and Budget Process: January through March

Christofer Arroyo

Focus: Dates and Process

At each LPPC meeting this year, we will walk you through important dates and next steps. You all also have opportunity to tell us your thoughts on new bills.

- ✓ Learn About Important Dates
- ✓ Learn About Important Steps
- ✓ Give Feedback on Bills Introduced

Legislative Process January

- **January 6th** - the legislators return to Sacramento for the first of a two-year session.
- **January through mid February** - Legislators are busy introducing the bills they will champion this year.
- Assembly bills, or “AB,” start in the Assembly.
- Senate bills or “SB” start in the Senate.



Legislative Process February

- **February 21st** – Bill Introduction Deadline: Bills cannot be introduced after the 21st except for some limited situations, such as a Governor announcing an emergency or special rules approved by the house.
- **New Rule:** Usually, more than 1,500 bills are introduced every year! But there is now a rule that limits the number of bills that legislators can file. Previously, assembly members could file up to 50 bills and senators up to 40. Now, they're both limited to 35.
- **30 Day Rule** – all bills must be published and available to the public for 30 days before they can be heard and voted on in a committee hearing. This rule is meant to give everyone a chance to understand the bill and have time to write the committee and support or oppose the bill. This means many policy committees will not be meeting until late March.

Legislative Process March – Committees



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- Policy committees begin their committee hearings mid- to late-March and all the way through the first week in May. A lot of work goes into preparing the staff and the voting legislators for each bill. This is their first chance to review and discuss the bills, sometimes making changes to improve them.
- LPPC will meet again in March, by then we will have a list of bills that impact our community, and we will review them with LPPC to make recommendations for the next Council meeting.

Budget Process

January

- **On January 10th**, every year the Governor releases his proposed budget for 2025 (Fiscal year runs from July 2025 – July 2026).
- Remember, it is only a proposal, the Legislature will submit a final recommended proposal to the Governor in June.
- I can share some highlights from the Governor's press release.

Budget Process February

- The Assembly and the Senate have their own Budget committees, these include subcommittees, which focus on different policy areas.
- Once the Governor's budget is released, the committees prepare for hearings in Feb, March, April and May. We are mostly impacted by the committees that specialize in **human services, healthcare and education**.
- SCDD staff track these hearings. Sometimes we are asked to testify on issues in their agendas, like employment, regional centers, or healthcare.



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Budget Process

March

- After the budget committees have their initial hearings and can cover the most important issues for the budget, they will pause until mid-May, when the state's financial status is made clear.
- Looking ahead - by **May 15th** the Governor releases an updated budget proposal, this is called “May Revise” and often includes more details than his January budget proposal. It will also include some information learned in the budget committee hearings.

What Happens Next?

- The next big date in the legislative process is **June 6th**, when all the bills must pass to the second house, or they will fail.
- The next big date in the budget process is on the **15th of June**, when the Legislature must agree to a budget, vote on it in both houses, and if it passes, send it to the Governor.
- **After June**, there will be more budget related bills that make changes to the final budget and tell the state how to spend the money.

Questions?

January 28, 2025

**AGENDA ITEM 7.
INFORMATIONAL ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – LPPC

Legislative Update

The purpose of this agenda item is to provide an update on the 2024 legislative outcomes and discuss potential activities related to the Council's 2025 legislative priorities.

Deputy Director Christofer Arroyo will also share a brief update on the Governor's January 10, 2025–26 Proposed Budget. To review the full proposed budget, please [click here](#).

To assist in guiding this conversation, the below attachments are being provided in the packet.

Attachment(s)

2024 Year End Legislative Update Presentation
2022-26 State Plan
2025-26 Policy Priorities
4th Annual There Should Be a Law Contest Report
2025-26 DDS Governor's Proposed Budget Summary

Handout(s)

May be additional handouts the day of the meeting.

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2024 SCDD Legislation – Bill Support List

BILL # /TITLE	AUTHOR	WHAT DOES BILL DO?	CATEGORY	STATUS
SB 37 Older Adults and Adults with Disabilities Housing Stability Act	Senator Caballero	Creates a pilot program to provide cash assistance for aging/IDD that are homeless or at risk of homelessness.	Housing	Vetoed by Governor- Leverage existing programs. No budget allocated in 2024.
SB 483 Prone Restraints	Senator Cortese	Prohibits prone restraints from being used on students with disabilities	Education	Signed by Governor
AB 447 (2023) Public postsecondary education: students with disabilities: inclusive college programs	Assemblymember Arambula	creates and expands inclusive college opportunities	Education	2024 Budget Passed for AB 447- Governor approved \$2Million Recurring Funds for CA Center for Inclusive College
SB 1384 Power Wheelchair Repair	Senator Dodd	Increases accessibility and affordability for wheelchair users, making it easier for consumers to maintain their devices and keep them in good working condition, by requiring manufacturers to provide information, tools, and replacement parts to an owner or repair provider	Human Services	Signed by Governor
SB 1443 Interagency Council on Homelessness ICH	Senator Jones	Adds SCDD to ICH so that I/DD community is included in any conversations relating to housing and homelessness.	Housing	Vetoed- unnecessary to add SCDD- already represented

BILL # /TITLE	AUTHOR	WHAT DOES BILL DO?	CATEGORY	STATUS
AB 1147 Disability Equity and Accountability Act of 2023	Assemblymember Addis/Garcia	It makes regional centers subject to requirements of the California Public Records Act, which means it will improve transparency. Also, it prohibits regional center employees from accepting gifts over \$15 per year from certain agencies and prohibits regional center senior staff from hiring relatives	Employment	Signed by Governor
AB 1977 Health care coverage: behavioral diagnoses	Assemblymember Ta	does not allow a healthcare plan to require a person who is already diagnosed with developmental disorder or autism to be re-evaluated to maintain healthcare coverage for their condition. Why this is important: these conditions are for life, they do not change or go away, getting re-tested just creates a risk of losing this important healthcare insurance.	Health	Vetoed- should not completely prohibit evaluations
AB 2510 Health care coverage: behavioral diagnoses (SCDD moved this bill from Support to Watch)	Assemblymember Arambula	requires DDS to create a new program in the regional centers to improve dental care services to people with developmental and intellectual disabilities. These new programs also must reduce the need for regional center consumers to receive dental treatment using sedation and general anesthesia.	Health	Bill Failed in Assembly Appropriations Committee

BILL # /TITLE	AUTHOR	WHAT DOES BILL DO?	CATEGORY	STATUS
<u>AB 1885</u> Student Success Completion Grant program	Assemblymember Addis	reduces the minimum required units for students in Disabled Student Programs & Services (DSPS) to receive Cal Grant assistance to 9 units, from its current 12 units requirement. Students in DSPS who enroll in 9 units are considered full-time at 9 units but the Cal Grant definition of full-time is currently 12 units. Changing the unit requirement to 9, would make qualifying for Cal Grant assistance more equitable by giving students with disabilities the same opportunity that students without disabilities have to apply for and receive grants to attend college. These grants would be approximately \$1,2000 a year.	Education	Signed by Governor
<u>AB 2753</u> Rehabilitative and habilitative services: durable medical equipment and services	Assemblymember Ortega	requires health plans to include coverage of durable medical equipment, services, and repair.	Human Services	Bill failed in Assembly Appropriations Committee
<u>AB 1876</u> Developmental services: individual program plans and individual family	Assemblymember Jackson	indefinitely extends the requirements that, if requested, individual program plan (IPP) and individualized family service plan (IFSP) meetings be held remotely.	Education	Passed via Budget

service plans: remote meetings				
BILL #/ TITLE	AUTHOR	WHAT DOES BILL DO?	CATEGORY	STATUS
<u>SB 1281</u> Advancing Equity and Access in the Self-Determination Program Act	Senator Menjivar	requires a statewide standardized processes and procedures for the Self-Determination Program by January 2026, among other things.	Human Services, Employment, Education	Vetoed by Governor- recommendations can be made via the Master Plan for DD platform
<u>SB 1197</u> In-home respite services: resource families	Alvarado-Gil	bill adds foster youth and their families to the list of persons that cannot be prohibited from receiving in-home respite services.	Human Services	Signed by Governor
<u>SB 1001</u> Death Penalty: persons with I/DD	Senator Skinner	protect individuals with an intellectual disability from the death penalty. The bill takes legal cases and puts them in statute (also known as "codifies" by specifying that individuals with an intellectual disability cannot receive the death penalty.	Civil Rights	Signed by Governor
<u>AB 3291</u> Developmental Services Omni bill	Committee on Human Services (Assemblymember Lee)	1) Allows Regional Centers to offer rent, mortgage, or lease assistance when a supported living services consumer is at-risk of being homeless; 2) Requires Regional Centers to discuss a caregiver succession plan with consumers to ensure when their caregiver is unable to provide assistance there is a plan in place (also a CPCIDD recommendation re: Housing Report)	Housing/ Human Services	Signed by Governor

BILL #/TITLE	AUTHOR	WHAT DOES BILL DO?	CATEGORY	STATUS
ACR 179 Disabled Individuals	Assembly Member Jones-Sawyer	Assembly Concurrent Resolution measure would proclaim April 28, 2024, as a day for all Californians to acknowledge the contributions of disabled individuals, to honor the changes achieved in the past to establish the rights of disabled individuals, and to recognize the work remaining in the future to secure equity for disabled individuals.	Civil Rights	Signed by Governor
H.R. 6405 Marriage Equality for Disabled Adults Act	Congressman Panetta	The Act will increase the federal asset limit for persons with disabilities from \$2,000 to \$10,000. For couples, the limit would be raised to \$20,000. So people do not have to choose between getting married or keeping benefits.	Human Services	Referred to subcommittee on Health

2022-26 State Plan

Goal 1: Self-Advocacy

By 2026, the Council will maintain and/or increase the number of people with intellectual/developmental disabilities to become strong self-advocates, peer trainers and community leaders.

Objectives

1.1

The Council will provide information and resources through 300 regional/statewide self-advocacy chats, 40 regional/statewide projects/events and 200 trainings to strengthen 15,000 self-advocates in:

- 1) Achieving self-governance with supports, as requested;
- 2) Identifying and asking for the supports and services that they need;
- 3) Becoming and serving as peer trainers;
- 4) Developing skills and opportunities to engage as strong activists for issues that are important to them and their families; and,
- 5) Participating in culturally diverse, cross-disability coalitions.

1.2

The Council will collaborate with and/or support self-advocates in peer networks, including culturally diverse, cross-disability coalitions, by providing facilitation, tangible supports and peer advocacy/leadership opportunities through at least 1 statewide and 12 regional self-advocacy entities, reaching 6,000 self-advocates.

1.3

In the event of unforeseen project opportunities, emerging needs, and/or community, cross-regional or statewide requests, the Council may engage in additional activities with and/or on behalf of self-advocates and those who support and serve them.

Goal 2: Systems Change/Advocacy

By 2026, the Council will lead in partnership with family/self-advocates and others to protect and enhance civil rights to improve community-based systems and be more fully inclusive and supportive of people with intellectual/developmental disabilities and their families.

Objectives

2.1

The Council will monitor and collaborate with local, regional and/or statewide entities to develop, improve and/or change 85 practices, 70 policies, and 20 regulations (or guidance), statutes and/or laws in the systems of regional centers, community-based services, and governmental entities. This work will include the areas of employment, education, housing, health/safety and/or emerging issues in ways that will benefit people with intellectual/developmental disabilities and protect their civil rights, promote full inclusion, and/or provide additional supports and services, improving their lives in tangible ways.

2.2

The Council will engage in 40 regional and 5 statewide innovative/special projects and/or events in the areas of employment, education, housing, health/safety and/or self-determination to:

- 1)** Support 45,000 people (family/self-advocates and others) in systems change efforts and give them information, skills and/or supports to increase their abilities to become effective advocates;
- 2)** Engage in professional training and/or other efforts to implement systems, demonstrate or support systems change; and/or,
- 3)** Increase services and/or improve supports for people with intellectual/developmental disabilities and their families.

2.3

The Council, in collaboration with California's four (4) partners (one Protection and Advocacy agency and three University Centers for Excellence in Developmental Disabilities), will seek to improve the generic service system that impacts people with intellectual/developmental disabilities by choosing one or more areas of emphasis in the State Plan, such as education, employment, housing, and/or health/safety, and report on how that system is serving people with I/DD, gaps in that service delivery system, recommendations on how to improve the systems to meet the goals of the DD Act, and/or pursue policy and practice changes in those areas. The collaboration will result in the review or development of 2 reports, 6 recommendations for policy or practice changes, and 2 Legislative or Administrative changes to policy or practice.

Goal 3: Capacity-Building/Advocacy

By 2026, 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 supports and services.

Objectives

3.1

The Council will increase the capacity of 60,000 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.** Establishing and/or collaborating with and supporting 10 family-advocate groups/networks,
- 2.** Providing (staff-led, peer-led and/or collaborative) training to 35,000 people (family/self-advocates/others) throughout the state – virtually, online and/or in person, and
- 3.** Providing technical assistance (TA)/advocacy clinics and/or resources, reaching 25,000 people.

3.2

The Council will engage in 150 projects and events in the areas of employment, education, housing, health/safety, and/or emerging issues, reaching 45,000 people (family/self-advocates/others) with information and resources to enhance their knowledge and increase their capacity to obtain supports and services that are important to them.

3.3

In order to reduce the disparities in obtaining a free, appropriate public education, the Council will work with 5,000 Spanish-speaking family/self-advocates throughout the state to advocate for and increase the number and type/quality of special education services they receive through their own local education agencies.

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Policy Priorities 2025-26

People with intellectual and developmental disabilities and their families have a right to exert control and choice over their own lives, play decision making roles in policies and programs, and be fully integrated into the economic, political, social, cultural and educational mainstream of California.¹ To advance these rights, the State Council on Developmental Disabilities declares these policy priorities.

PROTECTING AND ENHANCING CIVIL RIGHTS

Every person with intellectual and developmental disabilities (I/DD) has the right to self-determination, equality of opportunity, full participation, independent living, and economic self-sufficiency no matter their disability.

The Council will work to ensure civil rights, are protected, and enhanced, including identification and reduction of racial and ethnic inequalities and disparities, advocating for transparency in processes, and supporting persons with I/DD and their families to participate in policy/systems change.

GUARANTEEING ACCESS TO EDUCATION AND EMPLOYMENT

Every student with I/DD has the right to a quality inclusive education with their peers that prepares them for post-secondary education and/or competitive integrated employment (CIE). Students with disabilities must be provided the same opportunities for learning, in the classroom and online, as students without disabilities.

Every person with I/DD should have the opportunity to be employed in CIE. Individuals must have access to information, benefits counseling, transition planning, job training, career exploration and information and support for inclusive post-secondary education. New or expanded pathways to CIE must be developed and supported, including apprenticeships and internships.

The Council will work to ensure the full and robust implementation of the Workforce Innovation and Opportunity Act, California's Employment First Law, and the California Employment First Office. The Council will ensure that policies and practices improve opportunities for and incentivize CIE, encourage supports for employers, and make the state a model employer.

IDENTIFYING & PRIORITIZING EMERGING ISSUES IN THE I/DD COMMUNITY

Every person with a developmental disability should not have to deal with problems of that arise due to the emergence of inequality issues in the community. Events in our everyday lives, both due to policy changes and unforeseen events, have the ability to

¹ Developmental Disabilities Assistance and Bill of Rights Act of 2000, (Public Law 106-402; 42 U.S.C. Sec. 15001 et seq.) Section 101

cause unintended consequences for the I/DD community. These issues must be identified and acted upon swiftly to ensure as little harm as possible is inflicted.

The Council will work to ensure emerging issues including, but not limited to, dealing with disparities across all I/DD issues, barriers to participating in a community setting, and roadblocks to access for people with I/DD are dealt with through policy changes and by keeping the administration and lawmakers informed about issues.

PROMOTING ACCESS TO QUALITY SUPPORTS IN THE COMMUNITY

Every person with I/DD should have the ability to fully participate in their communities. Receiving quality, individualized services is the cornerstone for people with I/DD to be safe, healthy and to promote self-determination, interdependence, and inclusion. Community-based services/supports require adequate wages for providers; therefore, the state must restore rates. Disparities in access, outcomes, and quality for services and supports must be addressed. Complexities in the service delivery systems must be reduced.

The Council will make meaningful improvements to the service delivery system to reduce disparities, increase transparency and accountability and increase quality outcomes by making recommendations to the Master Plan on Developmental Services, and by ensuring successful implementation of the Self-Determination Program and Achieving Better Life Experience Act.

ENSURING SAFETY IN THE COMMUNITY

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

The Council will work to ensure people with I/DD are safe, free from abuse and neglect and have access to services and supports in their communities during all types of disasters or emergencies and an adequate safety net for people in crisis and access to adequate crisis intervention services. The Council will work to improve outcomes of law enforcement interactions with people with I/DD.

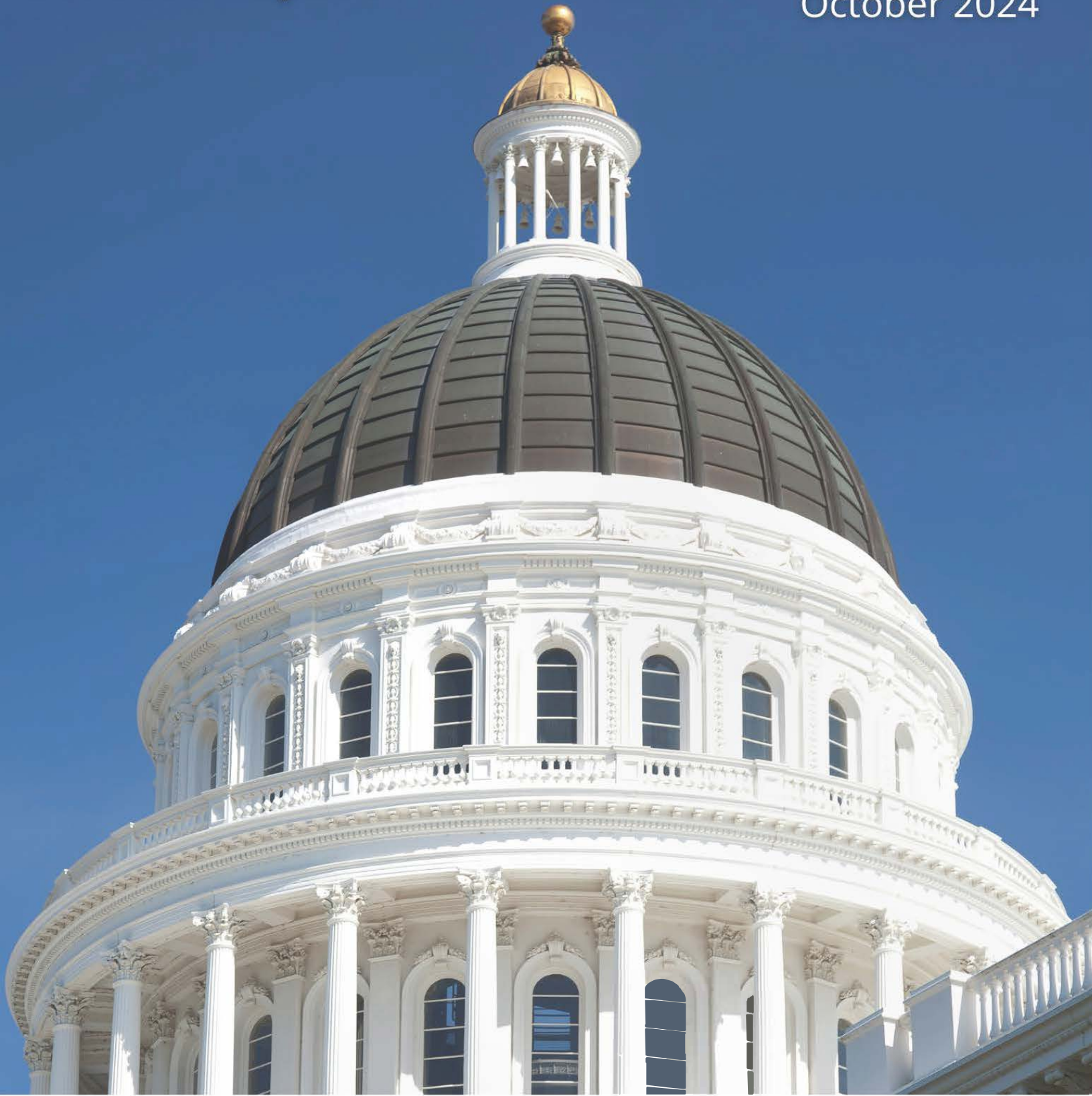
IMPROVING HOUSING AND COMMUNITY LIVING

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

The Council will work to identify housing resources for persons with I/DD and their families to prevent homelessness and advocate for availability of accessible and affordable housing.

4th Annual There Should Be a Law Contest Report

October 2024



Prepared by:

**The California State Council on
Developmental Disabilities**



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There Should Be a Law Contest, Report 2024

Voices from the Community

This is the State Council on Developmental Disabilities (SCDD) 4th annual *There Should Be a Law Contest* report. The contest is a unique platform that provides persons with intellectual and developmental disabilities (I/DD) an opportunity to have a conversation with the public and law makers—to talk about their experiences, share their frustrations and challenges-- but also empowers them with a role to actively seek solutions to improve the quality level of their lives. SCDD is honored to advocate for the I/DD community and to provide a vehicle where persons with I/DD can use their voices to advocate for themselves.

The issues and recommendations are presented in the voice of the person who submitted it. Submissions have been categorized by policy areas that include public safety (13 ideas), health (15 ideas), human services (24 ideas), education (17 ideas), employment (6 ideas), housing (5 ideas), transportation (5 ideas), civil rights (3 ideas), and federal matters (4 ideas). SCDD presents the ideas without endorsement.

Taking Charge... in Inclusion, in Justice

Asked in September 2024, the survey got close to 100 bill idea submissions on topics in nine different areas. One thing is clear-- much work remains to be done to improve the quality of lives of persons with I/DD and their families. For those with lived experience or others that are caring for a loved one with I/DD, progress has not come fast enough. We have learned to become warriors because every day we must fight for what we and our loved ones need. But to truly have a meaningful life, we cannot lack essential supports and services nor lack the same opportunities that others without I/DD have. This means we have the appropriate level of supports at exactly the time we need them. It means, we have the same quality education and the same opportunities for education. It also means we have the same opportunities for competitive integrated employment. But for there to be progress, we must remain vigilant and steady in our pursuit of inclusion. Indeed, we must *take charge* and *be in charge* of ensuring equity in all things. That is why this year our policy priorities will focus on “*Taking Charge*”.

Calling on Champions

Meaningful change does not happen overnight nor without the help from others. The I/DD community cannot see progress towards inclusion without partners willing to advocate. We will need partners and champions with a willingness to join in the advocacy and help tackle challenges the community asks for. Here we share their experiences and encourage people with I/DD, family members, lawmakers, and partners to work together to identify solutions.

Terms Defined:

Family Advocate: Family member who advocates for a relative with an intellectual and/or developmental disability.

Self-Advocate: Person with an intellectual and/or developmental disability who advocates for oneself.

Service Provider: Individuals or agencies who provide services to persons with I/DD.

Professional: Experts in matters relating to the needs of the I/DD community.

Disclaimer:

SCDD would like to note that a few ideas submitted do not represent the view, mission, or goals of [SCDD](#) and the I/DD community as a whole, nor represent the vision of the [Lanterman Act](#). Those ideas are still included here to represent the variety of views within a community with many perspectives.

Public Safety

Public Safety Submission 1. Arrest Pedophiles (Self-Advocate)

ISSUE: Protection of people with I/DD against pedophiles we need to do more in this area.

RECOMMENDATION: arrest all pedophiles keep them locked up for life.

Public Safety Submission 2. Train on Police Interactions (Family Advocate)

ISSUE: (translated from Spanish) Our community has seen many accidents and tragedies in the television news in recent years. Parents, families, and colleagues have all experienced this. People with intellectual disabilities, who have non-verbal behavioral crises, have lost their lives at the hands of the police. This situation is alarming and urgent, we must take action. We as parents are very concerned and are asking for a solution to this problem. PLEASE.

RECOMMENDATION: All Special Education students who have training with the police, should have their transition plan to adulthood ready before they leave High School. This training would be essential, and everything should be implemented as a goal in each

student's Individualized Education Program (IEP). Include a mandatory section in the IEP such as their Rights IN A POLICY.

Note: [SB 882](#) (Eggman, 2021) created an Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement. To participate in public comment in meetings visit [link](#).

Public Safety Submission 3. Train Police (Professional)

ISSUE: Law Enforcement negative interactions with persons with developmental and intellectual disabilities.

RECOMMENDATION: All levels of Law Enforcement, including Police, Sheriff, CHP, Correctional and Detention Officers, etc. should be required to take classes on interacting with persons with disabilities. This should not be a "one and done" class, but should be a reoccurring program (quarterly, every 6 months, etc.) that includes persons with I/DD, their family members and other people with disabilities presenting what their experience with law enforcement has been and how any negative interaction with law enforcement could have been less devastating had the officers recognized they were working with someone with a disability...and changed their procedures to accommodate the person with a disability.

Note: [SB 882](#) (Eggman, 2021) created an Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement. To participate in public comment in meetings visit this [link](#).

Public Safety Submission 4. Better Disaster Planning (Family Advocate)

ISSUE: At the moment, disaster planning is done by those with limited experience working with people with disabilities or who are touched by the Access and Functional Needs (AFN) community. Training often leaves out our demographics or it's an "add-on" after the fact but not embedded into the initial strategies. Most importantly, community members do not get to give input on shortfalls, scarcity of resources, or even the planning of how they will be helped. My goal would be for the Office of Emergency Services (OES), from the state down to each county and city, to hold community forums to share and hear from their communities.

RECOMMENDATION: The California State OES would oversee guidelines that mandate that all OES hold community forums—in public and virtually—they must involve community participation. These events must work with stakeholder organizations from all communities that would be impacted by a disaster to engage community members in attending and letting their voices be heard. These events could be about sharing plans and getting feedback. They can be about new rollouts, possible

programs, or purely educational - but there must always be room for input from the community, and it must be meaningful.

Public Safety Submission 5. Jail Diversion (Self-Advocate)

ISSUE: People with developmental disabilities/mental health issues going to jail/prison. This can be very frightening to them and as scary as if someone was going to physically harm them.

RECOMMENDATION: If someone with a developmental disability or mental health issue is really struggling emotionally, send them to a mental hospital/ hospital when they start acting out and won't calm down, not jail.

Public Safety Submission 6. Scam Alerts (Family Member)

ISSUE: Special Banking designation for all accounts of special needs people. A safety alert "of some kind" to prevent SCAM-artists from preying on and taking advantage of the accounts of special people.

RECOMMENDATION: I think a type of code associated with the account that transferred the call (scammer) / fraudulent c 'banker' to a REAL banker.

Public Safety Submission 7. Fingerprint Registry (Family Advocate)

ISSUE: When you need to do anything requiring to have a law-abiding person be fingerprinted for employment or for volunteering to serve those who are disabled (or not). I am a law-abiding citizen and have been fingerprinted so many times I have lost count. Why can't "good" fingerprints be stored and shared like they do for "the bad" guys?

RECOMMENDATION: An adult who is fingerprinted should be able to have their prints stored and shared. It is unnecessary for one to pay repeatedly to be fingerprinted once you have done it. Maybe it could be good for a certain amount of time.

Public Safety Submission 8. Train Police (Family Advocate)

ISSUE: Volatile DUI arrests for autistic adults. Training and new laws for not understanding commands as opposed to punishment. There are no special accommodations for disabled adults that do not understand laws or Miranda rights.

RECOMMENDATION: More training for police officers. Classes from regional to help clients how to behave while dealing with police.

Note: [SB 882](#) (Eggman, 2021) created an Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement. To participate in public comment in meetings visit [link](#).

Public Safety Submission 9. Registry and Training for Officers (Family Advocate)

ISSUE: When police officers are called to a situation involving someone with a developmental disorder, a lack of understanding or information about the individual's condition can lead to tragic outcomes. For instance, officers may misinterpret the person's behavior or communication style, which can result in unintended harm or fatal incidents.

RECOMMENDATION: Implementing a state-level registry system for law enforcement could provide officers with advance information about locations and individuals with developmental disorders. This would allow officers to be better prepared and informed before arriving at the scene. Additionally, offering training on developmental disorders can further enhance their understanding and lead to safer, more effective interactions.

Note: [SB 882](#) (Eggman, 2021) created an Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement. To participate in public comment in meetings visit [link](#).

Public Safety Submission 10. Disability Identification (Family Advocate)

ISSUE: A better way to identify special needs in professional situations. i.e. at the hospital, with interactions with police. Our any place where it would bring a more understanding interaction.

RECOMMENDATION: My solution. Have a (optional) note on California identification cards that there is a disability so when they're in contact with hospitals or police officers they can see that the person is disabled. It may help professionals better help the disabled persons.

Note: There have been prior legislative attempts to create identifiers on identification cards, but the disability community is divided on this issue. A factor against using identifiers is the question of privacy.

Public Safety Submission 11. Online Safety Training (Family Advocate)

ISSUE: There should be a law to help protect and educate persons with developmental disabilities from online predators and scammers. Predators purposely target neurodiverse individuals because they know they don't have the "filter" to weed out scams and others trying to gather their trust and information. They also know that the developmentally disabled person wants relations and friends.

RECOMMENDATION: Makes laws to enable developmentally disabled and neurodiverse community with workshops, online tutorials and mandatory classes in middle and high school and other programs geared to them about online safety. Have resources readily available for our community. Hold companies accountable for putting in safety features to help protect the user.

Public Safety Submission 12. Stop Fiduciary Abuse (Professional)

ISSUE: I want to solve the problem of fiduciary abuse crimes against the DD and ID population, not being prosecuted and there being no consequence or deterrent from ongoing abuse.

RECOMMENDATION: Fiduciary Abuse is often perpetrated by someone close to the victim, such as a family member or caregiver, whom they depend on. Because of this, when criminal reports and/or APS reports are filed, and when the investigation takes place, the victim is afraid of getting their abuser in trouble, and thus will often resort to, "its ok, it was a misunderstanding; they didn't mean to; etc..." and they are afraid of how it may affect their living arrangement, care, and other family supports. I envision the approach would be much like the domestic violence laws and victim supports are in place now.

Public Safety Submission 13. Labor/Human Trafficking- Collect Data for Effects on Persons with I/DD (Professional)

ISSUE: The Office to Monitor and Combat Trafficking in Persons (under US State Dept) reported on the intersectionality between labor human trafficking and persons with disabilities. Though the report states more data is needed, it highlights how persons with intellectual and physical disabilities face increased risk of exploitation by traffickers.

RECOMMENDATION: Collect data from all regional centers to learn how the I/DD community is being affected.

Note: This year [AB 1888 \(Arambula\)](#) passed which establishes the **Labor Trafficking Unit** with the Department of Justice. The Unit will receive labor

trafficking reports and complaints and refer those complaints to appropriate agencies for action. The bill will require, among other things, the Department of Industrial Relations, and the Civil Rights Department to collaborate with the unit to develop policies, procedures, and protocols to track, record, and report potential labor trafficking to the unit. The bill would require the unit to develop a tracking and reporting system to collect labor trafficking reports and complaints. It is unclear whether the Unit will coordinate with any agencies that provide programs and services to persons with disabilities, to collect data on how labor trafficking affects persons with intellectual and developmental disabilities.

Health

Health Submission 1. EMUP Designation for Persons with I/DD (Professional)

ISSUE: Persons with IDD are a population that is underserved and found to have health disparities.

In 2023, the National Institutes of Health (NIH) designated people with disabilities as a population with health disparities. NIH released notice of funding opportunities calling for research applications focused on novel and innovative approaches and interventions that address the intersecting impact of disability, race and ethnicity, and socioeconomic status on healthcare access and health outcomes. By California designating IDD as an EMUP, it has the ability to incentivize clinicians/physicians to specialize in the healthcare needs of those with IDD and increase overall access to providers.

RECOMMENDATION: Designate persons with IDD to be as an “Exceptional Medically Underserved Population” (EMUP) in California.

What California designation of IDD as an EMUP would do:

- Expansion of physician and dentist training in the care of persons with IDD, funding for expanded prevention and screening;
- Scholarship or loan repayment incentives for clinicians to serve this population;
- Community health center grants to provide care;
- Prioritization in research of issues affecting people with IDD; and
- Inclusion of people with IDD in clinical trials—particularly in later-stage therapeutic research.

Note: A similar federal effort in [H.R. 3380 HEADS UP Act of 2023](#) or **Healthcare Extension and Accessibility for Developmentally disabled and Underserved Population Act** to designate the I/DD population group as a *Special Medically Underserved Population* (SMUP) The Act, introduced by Representative Seth

Moulton on May 16, 2023, is being reviewed in the Health Subcommittee in Congress. This bill would authorize the Department of Health and Human Services (HHS) to award grants to support health centers that provide services for individuals with developmental disabilities, including dental care. Grant recipients must provide specialized treatment to individuals with developmental disabilities. The bill also provides statutory authority for HHS to designate individuals with developmental disabilities as health-professional shortage population groups for the purposes of the National Health Service Corps (NHSC). The NHSC provides scholarships and student loan repayment awards to eligible providers who agree to work with designated populations or in areas that face shortages of primary care, dental care, and mental health care providers.

Health Submission 2. Health Insurance Advocacy (Self-Advocate)

ISSUE: Families struggle navigating health insurance processes. Each family has to become an insurance expert while trying to manage caretaking.

RECOMMENDATION: If DDS is the payer of the last resort, they must help exhaust those resources.

Create a Health Insurance Advocacy unit within each regional center, which helps send insurance requests/appeals/tracks denial letters on behalf of consumers/families. This covers young families who are in the early years of adjusting to their child's disability and seeking intervention services. Coordinates with service coordinators. DDS must adequately fund these experts, and reimburse \$100,000 per position, and written in law measure for reimbursement to keep pace with inflation.

Each Health Insurance Company (including Medi-Cal) operating within the state must set up a direct lines and specialized representatives for the Regional Centers to call.

Having experts who understand the routine would streamline the process, and really improve the quality of life for families.

Health Submission 3. Respite Worker Give Lifesaving Help (Family Advocate)

ISSUE: Respite Workers and other direct support staff being told they are not allowed to give clients lifesaving emergency medications, such as Epi-pens. Respite workers are not being informed they have the right to volunteer to give lifesaving pre-dosed medication and may be told information which makes their job feel at jeopardy if they chose to save the client's life.

RECOMMENDATION: Coordinate with the California Emergency Medical Services Authority and any other departments necessary to make the law CLEAR that respite workers (and all-over direct support workers employed to be) in a supervision role of a

person with an ID/DD can volunteer to administer pre-dosed time sensitive layperson designed lifesaving medications such as Epi-Pens.

Workers must be informed of their rights to provide such medications, without risk to their jobs. "Save the client's life, over liability concerns" must be the creed. Form with signature for all workers informing them of their right to volunteer.

Change the insurance law to prevent Liability Insurance Companies from penalizing service agencies who have workers who volunteer to give lifesaving medications.

Look to following the legal path that the school took in the Education code to be exempt from California Code, Health, and Safety Code - HSC § 1797.197a.

Health Submission 4. Medical System Navigation (Family Advocate)

ISSUE: Support navigating the medical system for adult regional center clients and their caregivers. Medical systems like Kaiser Permanente don't seem to be designed to assist members with developmental disability who can't advocate for themselves. Especially if they are non-verbal and have fear entering the medical office in person. It has been challenging to understand or know the policies to get IHSS forms signed for example. Or to even know if one's medical referral to a third party has been denied and get denial letter/email.

RECOMMENDATION: My solutions to get support in navigating the medical system is to be offered a "medical social worker" to help assist which steps to take for the regional center client / caregiver to have access to medical care and forms to be fill out. Also, to help solve challenges.

Health Submission 5. Stop Recertification (Family Advocate)

ISSUE: County social services requires a re-certification for Medi-Cal benefits. Every year we have to request a DDS waiver to qualify. Our son was born with a genetic condition that will last his entire life, (Trisomy 21 Down Syndrome).

RECOMMENDATION: The solution to end yearly recertification to qualify for Med-iCal services is to mark my son's condition T21 Down Syndrome as a lifelong condition that does not require recertification on a yearly basis for Medi-Cal and to have this as a federal recognition too.

This way we do not have to spend time filling out forms and waiver and speaking to many different people at social services to have a waiver provided. It is time consuming and wastes resources.

Note: A similar effort was supported by SCDD this year in [AB 1977](#) (Ta), which would have addressed recertification for Autism within private insurance.

Governor Newsom vetoed it with an explanation that it is not reasonable to completely prohibit all evaluations.

Health Submission 6. Need Life Insurance Options (Family Advocate)

ISSUE: The lack of life insurance options to our disabled population. Trying to find life insurance is like finding a needle in the haystack!

RECOMMENDATION: Make insurance companies give options for life insurance to the disabled population.

Health Submission 7. Need Dental Providers (Family Advocate)

ISSUE: Disabled people also need good dental services and coverage in special settings if they need to go under sedation for treatment due to the disability. Because of the lack of service, individuals end up having more severe dental problems.

RECOMMENDATION: We need better dental pay for services for disabled patients, so Doctors are willing to work with them and training to work with special needs.

Health Submission 8. Expand CalFresh Options (Professional)

ISSUE: I would like to expand on the California Bill (SB 628) to allow the disabled, elderly, and those with medical conditions to be offered healthy meals by food delivery services such as Hello Fresh, Mom's Meals, factor, Home Chef, etc. As a vendor professional, I discovered that many disabled clients do not cook due to food insecurity, cost, or education on dietary needs. I believe that SB 628 could be expanded to include such services for individuals who have food insecurities. Hence, they would be able to have nutritious meals delivered daily to their homes, which would improve the obesity pandemic and chronic illnesses that relate to poor eating habits. Food is medicine; therefore, providing healthy sources directly to the client will serve to reduce other medical-related illnesses.

RECOMMENDATION: I believe in expanding on California Bill SB 628 to allow individuals who have food insecurities access to third-party health meal services under the Department of Social Services (DDS). This would enable Alta Regional Center Clients (ACRC) clients to gain more access to healthy prepared meals daily that can be covered by medical. Vulnerable populations such as people with disabilities need nutritional education as to how food is medicine. The client can quickly get a referral from durable medical equipment (DME) vendors who can be certified to provide a referral under a health and safety code (356-399). This would solve the client's need to have a caregiver who may not be fully aware of the client's dietary needs along with diet restrictions. Expanding on this bill, SB 628 would improve the delivery systems for food

access. The third-party healthy meal services provider could have a tax break incentive by using ACRC DME-vented small businesses, which would be cost-effective for medical food programs such as Snap and CalAIM, which currently have limited resources.

Health Submission 9. Dental School Training (Family Advocate)

ISSUE: The total lack of dental care for ID/DD individuals of all ages.

RECOMMENDATION: Require Dental Schools to train dental students to work with this community. Require dental students with student loans to offer services to this community as part of their repayment plan. Require the California Dental licensing board to make a certain percentage of all licenses available ONLY if the certifications to work with our community are met. Make it a law that the IDD/DD community MUST be able to receive treatment by licensed/accredited/certificated dentist and hospitals. And that TREATMENT is always the goal.

Health Submission 10. Life-Supporting Equipment (Family Advocate)

ISSUE: Individuals who rely on life-supporting equipment, like oxygen concentrators or suction machines, need uninterrupted access to these devices.

Currently, if the equipment breaks and was already purchased item, the provider doesn't replace it immediately. The patient's doctor must submit a new prescription and justification, which can take days to weeks to get insurance approval. During this time, the patient may need to be hospitalized, putting their health at risk.

RECOMMENDATION: A law should require service providers to offer temporary equipment immediately when life-supporting devices break. Insurance companies must fund this temporary equipment to ensure patients receive the necessary support without delay.

Health Submission 11. Specialized Waiting Rooms (Family Advocate)

ISSUE: I am certain I can speak for the majority of the individuals that reside in this our lovey state of California when I say that the public health care system does not meet our expectations of reasonable wait time limits when it comes to attending appointments at our local clinics. Parents often attend appointments that they have been waiting for months and on top of that we have to wait in a waiting room for at times more than an hour. If you ever encounter an autistic child at a waiting room, you will see how their behavior is much different from a neurotypical child. You will also notice the behavior of a parent to an autistic child is also different. Waiting, excessive talking, lights, noise and expected to be seated can all be overstimulating and overwhelming for an autistic brain.

There is also a concern for autistic individuals who elope. Eloping children can easily access automatic doors causing a safety concern. If you see an eloping child, you will most likely also see a parent running after them. As a parent to a special needs child, I am continuously worried about my child's safety not to mention how exhausting it can be to be in a waiting room running after my child for an hour while also supervising another child. Having no waiting rooms specifically for special needs individuals is a big problem for them and their families. While other parents discipline their child with words of 'stay seated' expecting that in return, other parents do not have that option. We both deserve to be in a space waiting for health care where we have a bit of tranquility and feel our children safe. Why should receiving health care have to be twice as hard for special needs families?

RECOMMENDATION: Specialized waiting rooms for special needs individuals. Every clinic should be responsible for providing a safe, low sensory, enclosed, quiet waiting area for special needs individuals and their families.

Health Submission 12. Follow Medi-Cal Policy (Professional)

ISSUE: Medi-Cal Managed Care Organizations are not mandated by the State of California to follow the same Process and Payment Allowable outlined in the Medi-Cal Formulary for the members prescribed medical supplies as it is with Medi-Cal. All Managed Care Organizations have been established to manage the Medi-Cal Benefit but are not following Medi-Cal Policy as they are permitted to make up their own Process and Allowable per product. One example is Anthem Blue Cross that modified their payment allowable(s) to a Commercial Plan allowable in 2018 and does not allow for State required Sales Tax. Their allowable(s) and lack of Sales Tax payment has remained unchanged since 2018.

RECOMMENDATION: All Managed Care Organizations must be mandated to follow all Medi-Cal Policy, Procedure and Allowable(s) as outline in the Medi-Cal Formulary.

Health Submission 13. Free Art Sessions (Family Advocate)

ISSUE: Frustration and low self esteem

RECOMMENDATION: I would love to see free, weekly art sessions just for the autistic/disabled community. Our children (and adults) have so many frustrations and structured but free-lance style art sessions could provide a creative outlet without peer pressure from being with typical kids who can generally follow instructional art at a much faster pace.

I've considered approaching our local Park and Rec dept. It could be so beneficial for them to have the opportunity to spend time with peers just doing fun, creative, enriching activities. Thank you for your consideration of this possibility.

Health Submission 14. Expand DME Beyond Home Use (Self-Advocate)

ISSUE: The idea that to get durable medical equipment for people who have a disability they must use it only in the home. Most common homes are not always wheelchair accessible for wheelchairs to be used in homes.

RECOMMENDATION: Get rid of the idea that durable medical equipment is only for home use.

Health Submission 15. No Denial of Therapy (Family Advocate)

ISSUE: Health insurance companies can deny coverage for residential therapy from mental health patients and youths of California

RECOMMENDATION: All forms of health insurance should not be allowed to deny therapy of any kind.

Human Services

Human Services Submission 1. Service Coordinator Reimbursement (Family Advocate)

ISSUE: DDS only reimburses regional centers \$34,000 per service coordinator. Leading to regional centers not being able to offer competitive salaries for qualified employees.

The Service Coordinator case ratio is too high, and turnover is too high, leaving many clients cycling through workers, and sometimes without a service coordinator at all.

RECOMMENDATION: DDS must reimburse regional centers \$100,000 per service coordinator, and a percentage formula must be put in place to account for future inflation. High turnover is wasting training time and causing redundancy. Service Coordinators must be an investment.

Penalize DDS Executive level salaries every year this is not corrected.

Human Services Submission 2. Respite Worker Pay (Family Advocate)

ISSUE: Many respite workers only make \$0.81 above minimum wage. There is a hiring crisis, families are going without services. Many families must tip employees out of pocket to keep them from leaving for better paying jobs (Per 2021 State Audit Report- DDS & Respite). This means wealthier families have more access to services. Services should be available to all, especially those in poverty.

RECOMMENDATION: Ref- INITIAL STATEMENT OF REASON, TITLE 17 DIV 2. DDS, CHPT 3 COMMUNITY SERVICES (Google "DDS Initial reason Respite"). Per the initial statement of reason "Maintaining a wage for respite workers above the minimum wage is essential to recruit and retain individuals who are willing to assume the degree of responsibility required, have the ability to provide optimal level and quality of service, and accept the sporadic/intermittent work schedule inherent in the delivery of respite service."

Per statement, in 1989 Respite workers were given \$0.81 above the \$4.25 minimum wage. That is 19% over minimum wage! Reform respite worker and other direct support worker positions, to be a percentage over the fast-food worker minimum wage. The law needs the percentage in writing, not an amount!

For the love of all that is good, do NOT ban tipping either, as DDS declined to state whether it was allowed in the state auditor's report. That's the worst solution here. Pay a fair wage, this concern will be resolved.

Human Services Submission 3. Regional Center Board Meetings (Community Member)

ISSUE: There should be a uniform set of state law requirements applicable to the public meetings of the regional center board of directors and its committees. This would apply to how meeting notices and meeting materials are made available to the public. It should also cover requiring all such meetings to be public. There should be a wide range of practices covering how regional centers publicize meetings and make materials available.

RECOMMENDATION: Using Bagley Keene as a foundation, there should a legislation adapted for the regional center board and committee meetings. All meetings should be noticed and at the regional center website. All materials should be put up on the website. All materials introduced during the meeting should be posted at the start of the meeting - similar to how the State Council posts new material for the full Council meeting. It should be prohibited to have closed committee meetings. All board meeting packets should be posted and retained at the regional center website. Some regional centers have years of board packets posted. Alta has not a single posted board packet, only the minutes.

Human Services Submission 4. Family Court Services (Self-Advocate)

ISSUE: Family Court System delaying services for our families due to the ongoing parental disputes with services being affected.

RECOMMENDATION: Bill Proposal: Family Services Continuity Act

Section 1: Purpose

To ensure that beneficiaries of county and/or regional services, involved in Family Court matters, can continue to receive the necessary support from established professionals and community resources, regardless of their residence within the county their case is being heard.

Section 2: Definitions

Beneficiary: Any minor or adult receiving services under Family Court jurisdiction.

Recipient: The individual designated to receive services as per diagnosis.

Service Providers: Includes teachers, doctors, therapists, and providers/educators of any extracurricular activities.

Section 3: Continuity of Services

Beneficiaries residing in counties where Family Court matters are being heard must follow the recipient services, to which they receive such services, to ensure continuity and effectiveness of their care.

Service providers must maintain their involvement with the beneficiary, regardless of any changes in the beneficiary's caregiver/parent resolution/mandates with Family Court Services.

Section 4: Judicial Responsibilities

Courts are required to familiarize themselves with each case individually and the recipient's service individualized program plan.

The judicial system must expedite the county transfer of any cases using concise, clear, and timely information to minimize delays in their service provision.

Section 5: Community Resources

Community resources should adapt to follow the beneficiary within 60 days of any relocation or change in service requirements, where feasible.

Timely transition is critical to ensure uninterrupted access to services and support for the recipient's well-being.

Section 6: Documentation and Monitoring

Discussions regarding caregiver planning during Individualized Program Plan (IPP) meetings must be documented.

Any regression or denial of any or all services by caregivers or parents should also be recorded to monitor compliance and service delivery.

Section 7: Implementation

This Act shall take effect immediately upon passage to ensure that beneficiaries receive timely and consistent services throughout the Family Court process.

Effective advocacy for those with disabilities necessitates addressing discrimination in all its manifestations, including the particular difficulties encountered by those who find themselves at the junction of many discriminatory systems.

Human Services Submission 5. Conservatorship Alternatives (Family Advocate)

ISSUE: (Translated from Spanish) There should be alternatives to Conservatorship: mechanisms for assisted decision making rather than a full or complete power of attorney-to permit parents of children with severe disabilities that are not able to make decisions for themselves.

RECOMMENDATION: Parents' Rights Act for Persons with Disabilities to Manage Alternative Decisions to Conservatorship. Provide parents with legal tools to manage decisions on behalf of their children. Protect the autonomy and rights of people with severe disabilities who cannot express their will. Allow parents to act as legal representatives in making specific decisions (health, education, and finances.)

There is a law on alternatives to conservatorship for people with disabilities who have the ability to express their will, but people who cannot express their will have been left out of this project or rather this law.

Human Services Submission 6. No Payee in SDP (Self-Advocate)

ISSUE: Regional Center clients who use self-determination should not have use a payee.

RECOMMENDATION: I think that the money should go directly to the client if they express a desire to pay for their services directly. As a Regional Center client who lives independently and manages his own money it's a disappointment that I have to use a payee if I want to be in the self-determination program. The companies that manage my money can charge over a hundred dollars a month to pay each service provider. I am fully capable of keeping track of my money and ensuring that my two service providers get paid on time. Additionally, I am willing to learn the necessary information about how

to prepare payroll for my employees. While I understand that California may be looking out for our best interest by having us use financial service providers, I believe that people who want should be able to get a check from the state to pay their providers directly. This will ensure that we will have access to the services we need and can change services without having to wait for someone to write the checks. While I understand that some clients might blow their budget, I believe people should be given the opportunity to manage their own money with the knowledge that they could run out of money and learn from the consequences of their actions.

Human Services Submission 7. Data on Unmet Needs (Family Advocate)

ISSUE: Data on unmet needs is critical to developing adequate service provider networks and reducing disparities but is not collected.

I am a member of the DDS Regional Center Performance Measurement workgroup which created the new statewide IPP template that will be required starting January 2025. I and other workgroup members advocated that the IPP template should include a section to identify unmet needs, meaning vendored services that are desired but not available to the individual due to a lack of providers. However, an unmet needs section was not included in the IPP template. This vital data is needed to identify disparities experienced by racial and ethnic groups, and high needs individuals, who are often underserved or excluded in the entrance criteria of vendored providers (see title 17 section 56714), and to provide regional centers with the information they need to develop an adequate service provider network.

RECOMMENDATION: Amend the IPP section of the Lanterman Act to include a provision that the IPP template shall include a section that identifies the unmet needs of the individual, and if possible, measures the needed hours of service and location of service delivery.

This data, compiled across a given region, would form the foundation of market research, which in the private sector motivates entrepreneurs to start new businesses.

Note that the IPP Agreement and Signature Form, under “Acknowledgements” requires the individual to acknowledge that they have “discussed and shared information about any needs [they] have right now or in the future with [the] service coordinator,” but does not at present memorialize or quantify that data. See [https://www.dds.ca.gov/wp-content/uploads/2024/07/Enclosure B Individual Program Plan Agreement and Signature Form.pdf](https://www.dds.ca.gov/wp-content/uploads/2024/07/Enclosure_B_Individual_Program_Plan_Agreement_and_Signature_Form.pdf).

Human Services Submission 8. SDP Regional Center Flexibility (Family Advocate)

ISSUE: (Translated from Spanish) Empowering Self-Determination consumers to choose the regional center they feel best fits their needs. This bill should also include awareness raising, DDS will develop regulations or directives or policies to empower consumers to choose regional centers.

RECOMMENDATION: Though there is no law on this, individual circumstances may warrant an exception to the geographic boundaries that regional centers have. There is no provision in the law that specifically prohibits a consumer from obtaining service coordination from one regional center while living within the catchment area of another regional center.

Note: This year SCDD supported [SB 1281 \(Menjivar\)](#) which would have required statewide standardized processes and procedures for the Self-Determination Program to address the issue of inconsistency in service delivery. Though this bill passed both houses, it was vetoed by Governor Newsom with the explanation that this issue be addressed through the current work Master Plan on Developmental Disabilities.

Human Services Submission 9. Regional Centers Provide DDS Services (Family Advocate)

ISSUE: Inequality in regional center service delivery system.

RECOMMENDATION: This law would require that all of California's regional centers provide all the services listed in the DDS service codes, at a minimum. Additional services could still be provided by region.

See note above re: SB 1281 (Menjivar)

Human Services Submission 10. Include Regional Center Employees as Mandated Reporters (Professional)

ISSUE: Mandated Reporting Requirements

RECOMMENDATION: Include specific reference to Regional Center Employees in the Penal Code 11165.7 definition of "mandated reporters."

Note: Current law already provides that at regional centers, service coordinators and vendors are mandated reporters. See: [mandated reporting requirements flow chart -sir-.pdf \(altaregional.org\)](#).

Human Services Submission 11. Training and Pay for Caregivers (Family Advocate)

ISSUE: I would like to see all caregivers to be required to take a course with certification before being allowed to care for our developmentally disabled or any disabled person in need of daily or long-term care.

As far as I know, there is no specific training available for caregivers to determine if their personality is even suitable for such an important job. Needless to say, their background needs to be checked first.

RECOMMENDATION: More oversight and stricter selection. More pay to attract qualified people.

Human Services Submission 12. Make ABLE Account Contributions Tax Deductible (Family Advocate)

ISSUE: That contributing to an Able account is not tax deductible at the state level. These accounts are specific for disability related expenses. In California you can have up to \$100,000 in a CalABLE account without it impacting your public benefits (e.g. medical or SSI). However, the state does not have a tax benefit for contributing to those accounts although they are fundamental to the long-term wellbeing of people with disabilities. I am funding one for my 6-year-old son to help me have peace of mind for his care when I can no longer care for him. I have read that other states have this provision, and it seems like a win-win to me to help incentivize families to save.

RECOMMENDATION: That contributing to an CalABLE account is not tax deductible at the state level. These accounts are specific for disability related expenses. In California you can have up to \$100,000 in a CalABLE account without it impacting your public benefits (e.g. medical or SSI). However, the state does not have a tax benefit for contributing to those accounts although they are fundamental to the long-term wellbeing of people with disabilities. I am funding one for my 6-year-old son to help me have peace of mind for his care when I can no longer care for him. I have read that other states have this provision, and it seems like a win-win to me to help incentivize families to save.

Human Services Submission 13. Independent Review of SDP Spending Plans (Family Advocate)

ISSUE: (translated from Spanish) Equity in Self Determination Services

RECOMMENDATION: That DDS hire an agency to review spending plans. That the agency that accepts control be knowledgeable about the 5 principles of self-determination. That the issue of self-determination be subject to specific laws that

clients are free to hire their own supervisors and providers and that the Regional Center and the people who approve spending plans not be employees of regional centers. To avoid retaliation against clients for their parents' advocacy.

Human Services Submission 14. Lived Experience in Board Representation (Self-Advocate)

ISSUE: Manipulation of Boards and Committees to advance status quo agendas that do not represent the interest I/DD Populations and their families at large.

RECOMMENDATION: Board Composition will be updated to reflect background, culture and ethnicity to ensure that boards are composed of a diverse community of individuals with similar education and experience to support equitable progress and change. When the board or committee is comprised mainly of educated white professionals. Persons of color from the I/DD or parents that do not have the acumen to interpret the information, or actions presented the effort becomes unbalanced. While individuals may be well meaning, lived experience trumps expressed concern.

Human Services Submission 15. Better Pay/Programs for People Who Use Wheelchairs (Family Advocate)

ISSUE: For day programs they want a better pay because it's a very exhausting daily job to care for clients with wheelchair with all the need of transportation and transfers some are diaper changing and just more need to care for. With a better pay they will open door for wheelchair bound clients.

RECOMMENDATION: We need better Day programs that include every disability like clients in wheelchairs not just ambulatory day programs should get some kind of help to purchase wheelchair accessible vans to help the special needs population.

Human Services Submission 16. Better Ways to SCDD, DRC, RC Info (Self-Advocate)

ISSUE: There are too many decisions about our lives that are made without us. Government agencies, non-profits, and individuals get laws passed, report their data, and change our benefits and regional center rights without any notice to us. We do not get information about regional center services when we apply. We are not told about the SCDD, Disability Rights California, or the regional center system.

RECOMMENDATION: At the very least, all regional centers and protection and advocacy offices must provide online newsletters or listservs to anyone who is affected by the laws they propose and the services they provide. Whenever someone applies for Special Education or regional center services, they should be given the choice to

receive newsletters or emails from the SCDD, regional centers, and any agency or non-profit that receives state and federal funding and lobbies in our name.

Human Services Submission 17. Use Unspent Dollars for Relocation (Family Advocate)

ISSUE: As a parent of a young adult with a developmental disability who lives in a rural region of California, I know how difficult it is obtaining appropriate services for my loved one. Families in rural communities throughout California face disproportionate financial and geographical hurdles in helping their loved ones to actualize their most fulfilled, purpose-driven lives through appropriate person-centered plans as part of the Self-Determination Program (SDP).

Rural families are disproportionately financially taxed, because they strive for years to find anything that will help their loved ones, often when they are able, resorting to paying out-of-pocket expenses to secure anything that may help, often times for items or services that are disallowed by the regional centers. For families who have no resources, often the more likely scenario in poorer counties, like Plumas and Sierra Counties, children and adults with disabilities are just frankly unserved. Given that last Regional Center returned millions of dollars in unused plan monies, this is a betrayal of those citizens who are most vulnerable.

RECOMMENDATION: I wish for these underserved families living in rural areas, who face unique geographic, cultural, and financial impediments, to be able to set aside multiple years of prior unused, approved SDP spending plans for participant relocation to geographic areas known to be centers of excellence for services delivery.

Often, we as families hear from regional centers that we just need to find people who can provide a proxy of what is needed, someone who can be trained, etc. This is not an appropriate response. We either need to be free to move to areas where there are robust services, often in areas where housing is not financially tenable otherwise, or have the State spend considerable resources to bring these providers to us. The alternative is continued years spent by individuals and their families in rural California, treading water, at considerable cost of time and the family's resources, trying to fit into the State's version of their service delivery model, when it really should be the other way around.

**Human Services Submission 18. Age-Appropriate Conservator Language
(Family Advocate)**

ISSUE: When I filled out paperwork for Conservatorship for my son who is a young adult many of the questions, we're referring to a senior citizen and it was hard to filter out what questions that were relevant and which weren't. When it was all done, my proof of Conservatorship was two typed 8 1/2 x11 sheets of paper.

RECOMMENDATION: There should be separate forms for young people and seniors getting Conservatorship papers drawn up. Once you have Conservatorship you should receive a wallet size card (like a credit card) stating the person's name and that they are a conserved adult. This would be so much easier to show when needed like at doctor's offices, for adult programs, etc.

**Human Services Submission 19. 3-Minute Wait Times on Phones
(Professional)**

ISSUE: Phone call wait times and holds take a very long time and no human is available.

RECOMMENDATION: Ensure availability of human person within 3 minutes of phone hold time in any government office. This will keep the faith of the people in reaching out to any state or federal office for getting help or assistance with their concerns.

**Human Services Submission 20. Comply with Timeframes
(Family Advocate)**

ISSUE: Vendorization process is 45 days and it's been a year no response I have been paying out my pocket for insurance most of the time and I don't understand.

RECOMMENDATION: Vendorization number approval.

**Human Services Submission 21. Transitioning to Adult Independence
(Family Advocate)**

ISSUE: It should be automatic that each individual remains safe and have a seamless transition to self-sufficiency as they become an adult. There is a disconnect when it comes to transitioning from a parental household and a death of a parent.

RECOMMENDATION: More programs.

Human Services Submission 22. Evaluate RC Providers for Efficacy (Family Advocate)

ISSUE: Abuse, neglect, incompetency, and unsafe conditions describe the problem for individuals in the state of California who are or should be receiving services from DDS and the \$14.1 billion budget.

RECOMMENDATION: Require all DDS programs and regional center services to be evaluated for efficacy by outside evaluation companies that can demonstrate no conflict of interest and who are qualified to conduct evaluation using methodologies that hold up to peer review.

Human Services Submission 23. Discount Sports Activities (Family Advocacy)

ISSUE: Funding for recreational sports for children with disabilities.

RECOMMENDATION: There should be discounts for recreational sports packages so children with disabilities can participate without having the financial hardship.

Human Services Submission 24. Supported Living Services for Adults Living with Aging Family (Family Advocate)

ISSUE: Adult disabled children (sometimes referred to as child, below) who are in need of SLS Services, cannot be living at home when receiving these services. (I'm assuming the premise is that parents who reside with their disabled children are expected to care for them and therefore the SLS Service is not "yet" needed.)

This creates many problems as now, an aging caregiver who may be on the brink of being physically unable to care for the adult disabled child - Age 22+, now needs to find a separate housing location for their child before SLS services can begin. Housing is extremely hard to find. Yes, group homes exist, but for a child who is unable to care for themselves, often times, choice is taken from them in terms of who they live with, where they live, and who their caregivers are, (in other words, not person centered). Otherwise, if one is seeking to live in an apartment, short supply housing vouchers have to be applied for. Apartments aren't readily available with ADA considerations such as needing accessible ramps, larger doorways, larger bathrooms, and wider hallways. ADU's can be built in some cases, or a 2nd home can be purchased, but both scenarios require most people to dip into much needed retirement or caregiving savings. Finding housing and caregiving is a huge task that aging parents face in their later fragile years, all while their child still needs to be cared for.

RECOMMENDATION: Allow SLS services to be provided to adult disabled children living with parents age 65+ who live in owned homes. This allows parents to slowly back

away from the day-to-day responsibilities of caring for adult disabled children and gets the child used to being cared for by someone else, while remaining in a familiar environment. In addition, it alleviates the need to find other housing which can be difficult to find. Additionally, if the house is one that has been used as a primary residence for both the parent and the child, upon the parents passing, the child (or representatives of the child) can apply for a parent/child exclusion of property tax reassessment under Prop 19, passed by voters in 2020. This may keep the costs of staying in the home lower for a child who may be relying on social security income as their primary source of income.

No longer can children (disabled or typical) inherit real property from a parent without reassessments unless the exclusion is applied for.

(Succession plans must be documented and legal advice may be sought for passing down housing.)

Education

Education Submission 1. Exceptions from Special Ed Permit for Substitute Teachers (Family Advocate)

ISSUE: The current rule requiring substitute teachers to have a Special Education Permit after 20 days in a special education classroom is hindering the quality of education for students with special needs. In a time of teacher shortages, this rule is particularly problematic. My daughter's class provides a perfect example: their beloved teacher is on maternity leave, and they've found an exceptional substitute who has invested time and energy into learning each student's individual needs and routines. However, due to the 20-day limit, this valuable substitute must leave the class, forcing students to adjust to yet another new teacher, disrupting their learning and emotional well-being. This rule should be amended to allow qualified substitute teachers to continue supporting students with special needs, ensuring greater consistency and continuity in their education.

RECOMMENDATION: To address the issue of frequent substitute teacher turnover in special education classrooms, the current policy should be revised. Either the 20-day limit for substitute teachers without a Special Education Permit should be extended, or exceptions should be made to the certification requirement for substitutes who have demonstrated a high level of competence and experience in supporting students with special needs. Additionally, the state could invest in a truncated professional development program that substitute teachers can complete to enhance their knowledge and skills in special education, providing an alternative pathway to qualifying for extended classroom time.

Education Submission 2. Addressing Gaps in Services (Family Advocate)

ISSUE: The State needs to provide clear guidance on IEP implementation when there are gaps in services. As we saw during covid, there were many who were unable to get the services their IEPs clearly outlined. Years later, the schools are still struggling with provider shortages, and many are not able to implement IEP services. And parents and guardians of these students are being left in the dark as to what services they are (or are not) receiving that are listed in IEPs.

RECOMMENDATION: The State should have clear expectations for school districts of what reasonable gaps in services are, and when and how families should be informed about team changes, and what rights families have when services are unable to be provided due to lack of staffing. I suggest schools must send a notice to families within 5 business days if there is going to be a prolonged pause in services, for instance due to the speech therapist quitting, an estimate of when services will begin again, and a plan on how to make up the missing session times.

Education Submission 3. Protect Non-Verbal Autistic Students (Family Advocate)

ISSUE: (Translated from Spanish) The problem this bill would address is the vulnerability of nonverbal children with autism to abuse in schools. Unable to verbally express situations of abuse, these children are at greater risk of suffering abuse that goes unnoticed. Currently, there is a lack of specific preventative measures, adequate training of school staff, and a legal structure that clearly defines responsibilities in cases of neglect or abuse. In addition, there are no effective oversight mechanisms to ensure compliance with protection protocols.

RECOMMENDATION: Proposed Bill: Create a Preventive Protocol and Responsibility for the Protection of Non-Verbal Children with Autism in Schools. According to my brief research on the topic, there is no specific law in California that exclusively addresses the abuse of non-verbal autistic children in schools and the liability for such acts. However, laws such as the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act guarantee protections for students with disabilities, including appropriate educational interventions and prevention of discrimination.

Education Submission 4. Triggers for Dyslexia Screening (Family Advocate)

ISSUE: Dyslexia diagnosis and supports

RECOMMENDATION: When testing is done for an IEP or any other educational assessment and there is any data showing that there is a problem, the schools should

have to notify the parents of the findings and encourage them to seek professional help with a diagnosis for dyslexia. Many parents are not made aware of this issue and the children suffer because the parents think the learning disability is due to other diagnosis like Autism etc. They do not want to spend the resources for the children and blame it on the child.

Education Submission 5. Let IEP Students Participate in Graduation (Professional)

ISSUE: Bill idea regarding education and the ability to walk in a graduation ceremony.

In 2019, I had a student named Pedro who was on an IEP since the 3rd grade and was refused the right to walk in his high school graduation ceremony. Despite my efforts, he was deemed a "non-grad" by my district due to credits and grades, and he was too embarrassed to continue services ~ especially because he wouldn't be permitted to walk with his class anyway. I hugged his Mom as she cried when she heard the news and I stood by his side on graduation day. 4 years later, he died due to complications with surgery on Christmas Day. I have been looking for a means to propose this as an idea and dedicate it with his namesake.

What I saw with Pedro, and what I see with other districts, is that when students are "non-grads" (e.g., they don't complete a requirement, get an "F" on one of the core requirements) they are unable to walk until they complete the requirements.

As it is now, a student cannot walk until they complete the requirements (this is widely practiced in all high schools in CA), and in Pedro's case, the shame and embarrassment is so great - they don't want to go back.

RECOMMENDATION: Allow students in IEP to walk in high school graduation. What I would really like to see in California is a law similar to Kevin's Law in [Washington](#). Basically, if a student is a "non-grad" and has an IEP, they are still able to walk in the graduation ceremony and culminating activities with their same-aged peers and complete the requirements afterwards in Extended School Year.

Note: In 2019 and now, [state law](#) allows students with disabilities to participate in graduation ceremonies if they are awarded a certificate or document. Both federal (IDEA) and [state law](#) allow students to continue to receive IEP services until the age of 22 years. The decision to award a certificate or document is made by the IEP team of the student with the disability. It is difficult to determine what happened in 2019 so that Pedro could not participate in his class ceremony.

Education Submission 6. Schools Disclose What They Spend on Legal Services (Family Advocate)

ISSUE: Transparency about the money that schools spend on defending themselves from special education lawsuits and avoiding providing appropriate education to students with disabilities by requiring all budgets and expenditures related to legal compliance be posted in their website in a regular basis.

RECOMMENDATION: Open Checkbook: require all Local Education Agencies, including dependent and independent charter schools, county offices of education, and SELPAs, to post on their website an itemized and annotated ledger showing all contracts, budgets, and expenditures of payments related to legal consultation, representation, defense, litigation and compliance of special education policies, programs or individual matters. Includes but not limited to payments to attorneys, families and their attorneys via settlement, insurance payments, or otherwise, third party experts and service providers, alternative dispute, mediators, and professional development. Such open checkbook shall be updated in real time and no less frequently than monthly. It shall be accessible, searchable, and able to be exported for use in spreadsheet applications.

Education Submission 7. Allow IEPs During School Hours (Family Advocate)

ISSUE: School IEP meeting scheduling. Parents and guardians of kids who have an IEP, especially parents who both want to attend the IEP but find it hard to meet before or after school hours - since meeting before or after school hours causes challenges with dropping off kids, picking up kids, and finding childcare for during the IEP meeting.

RECOMMENDATION: If parents request than an IEP meeting be held during school hours, the school should be required to get substitute teachers to cover for all teachers who need to be at the IEP meeting.

Education Submission 8. Create “Forever Schools” of Learning (Family Advocate)

ISSUE: Upon graduation from transition programs, many severely intellectually delayed and disabled young adults find themselves with limited options for continued education or meaningful engagement. While some day programs exist, they are often not suited for individuals with more severe disabilities, leaving families struggling to find adequate support.

RECOMMENDATION: The transition from school to adulthood is a critical period for intellectually delayed and disabled individuals. Unfortunately, current day programs in California often do not meet the educational and social needs of severely intellectually

delayed individuals once they age out of the education system. To address this gap, we propose the creation of “Forever School,” a lifelong educational institution designed to provide continued learning, development, and engagement for young adults with severe intellectual delays.

Our mission is to ensure that these individuals have access to a structured, nurturing environment where they can continue to grow intellectually, socially, and emotionally—creating a true “forever” school environment that supports them throughout their lives.

Without ongoing educational and social engagement, these individuals can experience stagnation in their development, isolation, and a decline in their overall quality of life. It is crucial that we create a lifelong learning environment where these individuals can continue to develop and thrive.

1. Create a comprehensive educational program designed specifically for the needs of severely intellectually delayed individuals who have graduated from traditional transition programs.
2. Develop individualized education plans (IEPs) that focus on lifelong learning, communication skills, social development, life skills, and cognitive stimulation.
3. Provide a safe and structured environment that fosters personal growth, social interaction, and meaningful engagement for students.
4. Offer additional services, such as physical therapy, occupational therapy, and vocational training, to support the holistic development of each student.
5. Engage families and caregivers by offering them respite and support services to help them navigate the challenges of caring for individuals with severe intellectual delays.

Education Submission 9. Group Students in Smaller Groups by Age (Family Advocate)

ISSUE: There are two problems that need/must be solved. My daughter is in a day class through the county for children with multiple disabilities. The first issue, currently, there are only two classes for children between the ages of 3-21 years old. The first classroom is for children between the ages of 3-12 and the second classroom is for children and adults between the ages of 12-21 years old. The issue is that we have a large age range mixed in one classroom. These children/adults aren't participating with children/adults within their age range. Additionally, it is incomprehensible how a teacher teaches a 12-year-old and a 21-year-old the same "subjects".

The second issue, the classroom that is aged 12-21 years old is excluded from their neurotypical peers. Currently, that classroom is located in an old high school that is no

longer used by children. Therefore, this classroom is isolated, marginalized and excluded from society and other peers.

RECOMMENDATION: For Issue #1 - Instead of having two classes (3-12 and 12-21) there should be at minimum 4 classrooms. They can be split up into ages 3-6, 6-12, 13-17, and 18-21.

For Issue #2 - The county and or school district should be responsible and accountable for providing proper education, facility, and inclusion for children and adult with multiple disabilities. There should be a classroom in all the schools for children with such need. I am not thinking these kids should be in the regular curriculum with the neurotypical children/adult because most if not all are medically fragile and having intellectual disabilities. However, in this day and age we should be offering something much better.

**Education Submission 10. Adjust Attendance Requirements
(Family Advocate)**

ISSUE: Students with intellectual and developmental disabilities often have more medical needs than students with non-existent intellectual and developmental disabilities. Why are they expecting to have the same attendance required when these students often times have more medical services and appointments to attend to thrive?

RECOMMENDATION: As a parent, I believe it's unfair to have this same attendance required for the neediest of students. This not only impacts education funding related to average daily attendance but divides schools and caregivers who prioritize medical needs. But without medical needs being addressed academics will not be as successful.

Education Submission 11. Faster Safety Solutions (Family Advocate)

ISSUE: Safety for children in schools that have an IEP especially for eloping (running away off campus endangering themselves) be able to go above chain of command and immediately get this handled like gates being fixed and 1 on 1 aids immediately.

RECOMMENDATION: That the district of the school approved this type of issue right then in the moment presented for the safety of these children and others.

**Education Submission 12. Cameras on Buses and In Classrooms
(Family Advocate)**

ISSUE: I'd like to know my child is 100% safe in his bus and Special day Classroom for special needs along with a lot of other parents.

RECOMMENDATION: We need to put cameras in the classrooms and buses of individuals with delays.

Education Submission 13. Inform about Rights and Access to Evaluations (Family Advocate)

ISSUE: Navigating the educational system can be challenging for parents, especially if they're unaware of their rights or the support available for their children. If a school is taking a dismissive approach to behaviors or academic support needs, it's important for parents to understand their options and advocate effectively. Schools often do not inform parents about their rights for evaluations, unless they are having an initial IEP meeting, it is taking too long for a student to improve academically, or behaviors worsen with time. Often times they just provide an evaluation for speech to place student under those criteria to make them eligible for special education services instead of providing a comprehensive and psycho-educational evaluation unless parents request for such. Charters as state funded should follow the same special education laws as Public Schools

RECOMMENDATION: It should be mandatory for schools to provide families with special education rights during enrollment or have a point of contact on the student handbook on the disciplinary section since many of the behaviors might occur due to a condition not diagnosed or identified.

Another solution could be connecting regional centers to schools in order provide workshops or consultation services to support families who are interested to get evaluations, IEP process information. (It should be mandatory for Charter Schools)

Education Submission 14. Train on Inclusive and Least Restrictive Environments (Professional)

ISSUE: Lack of appropriate supports and education for school leaders in creating environments for inclusion. While CA has indicators for improving least restrictive environment, school leaders are not equipped to support this work. They receive very little or no training in their credential programs on special education and inclusive environments. So much of creating inclusive environments ends up supporting all students so this should be a key element to their training.

RECOMMENDATION: Require credential programs to incorporate robust knowledge in inclusive environments and supporting all students in general education including those with disabilities.

Education Submission 15. Cameras in Classrooms and Nurses' Offices (Professional)

ISSUE: Ensuring that our non-verbal clients, consumers, students, etc. are not abused in anyway or taken advantage of.

RECOMMENDATION: Cameras in special education classrooms and in nurses' offices where diapers are changed. even on playgrounds.

Education Submission 16. Require Proof of School Board Approval for Litigation (Family Advocate)

ISSUE: Lack of representation of people with disabilities by school district boards. Lack of accountability in the initiation of litigation against students with disabilities for denial of services by school districts.

RECOMMENDATION: Require that the Office of Administrative Hearings obtain proof from school administrators that the school board has approved litigation against children with disabilities when a hearing request is before the Office of Administrative Hearings.

Education Submission 17. Truancy Laws Discriminate Against Students with Disabilities (Family Advocate)

ISSUE: Current CA Education Code (13) 48260 (b) labels a student as habitually truant/chronically absent once the absences reach 10% of the school year or just 3 days of “unexcused” absences.

Currently there are ZERO provisions or exceptions for students with chronic health conditions and or disabilities. As a result, said students are being labeled as habitual truants due to chronic absenteeism and are paying very heavy consequences. The families of said students are being forced into Truancy hearings, cps cases and even being forced out of the public-school sectors like both of my sons!

According to the data collection site, California school dashboard in 2023- 587,635 (33.1%) of students with disabilities were labeled as chronically absent and family thereon faced the consequences of said label. If you break down the data per individual schools/districts you will find the numbers are absolutely alarming! Under suspension rates students with disabilities are far more likely to be suspended than that of their peers.

This policy has forced my son who is now 14 out of the public school system. I have been forced to keep him home via homeschool (home based private school) and left unable to work to support my family. When he was just 9/10 years old, he was diagnosed with 9 different debilitating medical conditions that caused ALOT of absences. As a result, my husband and I were forced to attend an attendance hearing at the police station (WSPD) where we were surrounded by district employees and police officers. I pleaded our case and there was not a dry eye in the room but, that did not matter. Policy is policy and we were forced to remove my son from the district to

prevent the traumatic events that would follow, even though his absences were proven to be directly related to his disabilities!

Flash forward to today and we are currently facing the same consequences with our other son. Both of my sons have Epilepsy. My 13-year-old son whom we currently face a dire situation with, has autism, epilepsy, chronic abdominal pain, IBS and more. Due to his conditions, he is currently unable to be physically present in the classroom on bad flair up days!

However, there are no exceptions to the attendance policy, and he is now also dubbed a habitual truant. Both of my sons WANT to be at school! Especially, my 13-year-old who is currently battling the chronically absent label. A student who is unable to attend class with no predictability for reasons directly linked to their severe medical conditions or disability should not have to be labeled a truant! Currently, there are no distinctions between a kid who skips school to smoke weed all day and a kid who has appointments for cancer treatments or a student who has random flair up and becomes temporarily bed ridden.

Currently the only thing available to these students is called "Home" hospital. Home hospital is NOT appropriate for these situations, as it is 1. Temporary and only lasts up to 14 days. During which time the student per the written policy is not allowed to attend their regular classroom. Because there is currently NO language in ed code to protect these students, they are forced into home hospital to mitigate the absences.

RECOMMENDATION: Change of language in ed code 48260 (d) would allow these students access to their schoolwork via their Chromebook or other agreed upon methods, during the unpredictable missed minutes (this portion is already in ed code) but my recommendation would also change state law so that the school/ district is to receive the average daily attendance (ADA) funds for a student with chronic medical conditions/ disabilities (students with IEP's or 504's) who are absent for reasons directly related to their disability/chronic medical conditions. During which time a student is to be allowed to be physically present when they are able!

This change of law would not prevent students with IEP's and 504's (students with disabilities/chronic health conditions) the maximum equal access to their work, school and peers but it would do it in a way where they are no longer punished and targeted for their conditions AND brings in MORE funding to the school/district as long as the student makes valid effort to do the class work. This would make appropriations very happy as the average daily attendance (ADA) funding for schools are already there; it just isn't being accessed because of 1 little sentence missing from ed code.

I am asking for your help in making this change! I began this fight in 2019. I had the support of several Education departments of CA children's hospitals However, when covid hit and the world shut down we had to pause our efforts. This is an urgent

situation for my own family as I am currently being forced to put my son on home hospital even though it is in no way appropriate!!!

Employment

Employment Submission 1. Disability Etiquette Training (Family Member)

ISSUE: Many people in society are unaware of how to interact with individuals with disabilities.

RECOMMENDATION: I envision a future where all new employees are required to complete disability etiquette training as part of their onboarding process.

Employment Submission 2. Employment Trial Periods (Self-Advocate)

ISSUE: There are very few disability-to-disability mentor, and peer career opportunities!! That give people with disabilities the opportunity to help other people with disabilities in any capacities!! Often a lot of "neurotypical" people's perceptions of people with disabilities are that our abilities & IQ is that of an infant simply because of certain behaviors/stimuli!!

RECOMMENDATION: My solution is this: Pass a bill in favor of people with disabilities getting between 15- and 30-day trial in disability related professions!!

Employment Submission 3. Accept Proof of Disability (Self-Advocate)

ISSUE: Some jobs require a person to pass a board exam prior to employment and they say they offer testing accommodations for their exam, but when it came to accepting the documents, they deny them. They did not even look at the documents from school psychologists or disability specialists. They said school disability professionals cannot diagnose, so you may have a disability, but you don't know.

RECOMMENDATION: The solution is to make a law that forces entities to accept documentation from school disability AND that people do not have to disclose great details about their disabilities. The agency I encountered wanted great details and was making a judgement themselves if I had a disability.

Employment Submission 4. Allow Subminimum Wage (Family Advocate)

ISSUE: To allow sub-minimum wage employment once again for persons with disabilities.

RECOMMENDATION: For politicians who changed the law to see that they took away the opportunity to have a job-no matter how small- to those who want to work but can't meet the normal standards for employment. Change the law. Allow sub minimal wage work for those who want it.

Note: This submission does not represent the view of SCDD nor the views of the I/DD community as a whole.

Employment Submission 5. Create an Autistic Idea Journal (Self-Advocate)

ISSUE: Autistic unemployment

RECOMMENDATION: Solution: Research Proposal: Autistic Idea Journal

Elaboration: "Traditionally, influential erudition has emerged outside of traditional institutions. In risk analysis, some autistics inadvertently break the law, out of repetition. Some autistics, without malicious intent, harass others out of extreme emotional distress, repetition and mental breakdown. The common good and negative utilitarianism both call for society to give autistics an outlet for their abnormally high creativity. Experiments need skin in the game."

(https://www.researchgate.net/publication/382795247_Research_Proposal_Autistic_Idea_Journal).

Employment Submission 6. Allow Subminimum Wage (Family Advocate)

ISSUE: Since the state law changed in 2021 to no longer allow disabled people to receive less than minimum wage, my daughter has worked 12 hours total. Not 12 hours per week, not 12 hours per month, 12 hours TOTAL in 3 years. And it's not just my daughter, it's the majority of the adults in her Goodwill support group. Goodwill actively works to try to find jobs for them. The 12 hours they did find in 2023 was a convention willing to use disabled adults to screen name tags as people went into their convention. My daughter used to work at a restaurant 2 hours per day, rolling silverware into napkins. The pay was about \$3/hr, but she was proud of getting a paycheck and proud of doing work to support her community. She was proud of teaching new adults who came into the group the process of their work. The 3-4 disabled adults in her group now have to figure out how they are going to kill time every day. Some days they do attend classes that are supposed to give them "job skills", but the state is just wasting its money for kids like my daughter. My daughter has cerebral palsy and ADHD, so she has to be in an environment that stays basically the same every day in order to get any

work done, which basically means some sort of manual labor, but because of her CP, she can go only go about 1/4 the speed of a typical person. The adults in her group are about the same. With the current laws, any chance of her every working again is a pipe dream.

RECOMMENDATION: It's possible that "job training" might be helpful to a few of the adults at Goodwill and similar programs, but for a larger percentage, it's a waste of money. The money would be much better spent either subsidizing actual work, for example the rolling of silverware that my daughter used to do, have the restaurant pay her minimum wage, but have the state reimburse the business for the delta between what she earned, and her "actual value", as measured by what she could do in one hour vs what a typical person can do, or go back to the former program, where disabled individuals are paid less. If the state wants to continue to waste money, how about a survey to find out if the change in law actually did any good. I'm sure you find in the majority of the cases, all that happened is a source of pride and dignity was taken away from these adults.

Note: This submission does not represent the view of SCDD nor the views of the I/DD community as a whole.

Housing

Housing Submission 1. Housing After Hospitalizations (Family Advocate)

ISSUE: Housing for people with developmental disabilities after hospitalizations.

RECOMMENDATION: For San Diego Regional Center and Housing Authorities to work together with all hospitals to ensure adequate post-discharge housing.

Housing Submission 2. Housing is a Right (Self-Advocate)

ISSUE: Homelessness.

RECOMMENDATION: It should be a law that people with intellectual and developmental disabilities deserve to have some kind of roof over their heads for safety reasons.

Housing Submission 3. Expand Low Income Housing Lottery Eligibility (Family Advocate)

ISSUE: Housing for disabled adults and elderly

RECOMMENDATION: There should be a law that the housing for low income doesn't ALL go to the farm workers. Cabrillo economic held a lottery for low-income housing and after my disabled son was picked for it, we were told the lowest income housing was only for the farm workers. They never specified this before the lottery and the second level of low income was more than his SSI monthly amount. This should not happen! There is no low-income housing available to those with SSI as their only income. This should be illegal!

Housing Submission 4. Vouchers for Seniors with I/DD (Self-Advocate)

ISSUE: The lack of affordable housing for seniors who have disabilities and don't have income for traditional retirement housing.

RECOMMENDATION: Create vouchers for retirement communities so that seniors who have developmental disabilities can have access to more senior living options.

Housing Submission 5. Create a Pilot Independent Living Community (Self-Advocate)

ISSUE: Individuals with Disabilities: Persons who have a physical or mental impairment that substantially limits one or more major life activities need access to more independent living communities.

RECOMMENDATION: to establish a one-year pilot program in the State of California that provides individuals with disabilities the opportunity to live independently in a supportive community. This program aims to foster autonomy, enhance life skills, and improve quality of life through structured roles, job opportunities, and money management education.

Independent Living Community: A designated area within California where participants will live, equipped with necessary facilities and support services.

Support Services: Services that include but are not limited to healthcare, counseling, job training, and financial management education.

Establishment of the Pilot Program: Program Creation: The State of California shall establish the Independent Living Community Pilot Program (hereafter referred to as "the Program") to run for one year.

Location: The Program will be located in a designated area within California, chosen for its accessibility, resources, and suitability for the community's needs.

Participants: Up to 100 individuals with disabilities will be selected to participate in the Program. Selection criteria and procedures will be determined by the Department of Social Services.

Community Living

Housing: Participants will be provided with housing in a tiny home community designed to meet accessibility standards.

Basic Necessities: The Program will ensure that participants have access to food, clothing, healthcare, and other essential services.

Support Staff: Trained support staff will be available to assist participants with daily living activities and provide guidance as needed.

Transportation

Transportation Submission 1. Improve Accessible Transportation (Self-Advocate)

ISSUE: I would like to see my local paratransit be on time. They need to get better at getting customers to destinations and appointments on time. This is an ongoing problem and many customers either customer's cancel or complain that they are late to work or to the doctor. The issue is ride windows keep on getting changed by an auto on phones letting them know and this is a problem. I am referring to Access a ride in my area of Santa Clara County. It has been getting really bad. It affects many customers that use the services.

RECOMMENDATION: I would like to see that there is a way to make this system with the paratransit more organized and not have it be such a mess. My solution is maybe there is a way that a grant bill can go in affect for more accessible vehicles for Access a ride that can be donated and get more drivers trained and hired. More cut away vans, more mini vans. More big vehicles that are accessible. This will help many customers to get to destinations on time also the windows will stay the same and not change. Also, instead of computers scheduling the rides to bring back live people to schedule them so they are not going to the other side of town instead of where people drop off happens first. I would love to see this help all the counties all over California.

Transportation Submission 2. Improve Accessible Transportation (Family Advocate)

ISSUE: Transportation for disabled like ACCESS they take like two hours to take a client to a destination when it should only take like 30 minutes ride, it's extremely exhausting for clients.

RECOMMENDATION: Better pay for ACCESS employees because there is a lack and because the pay is no good, they need to organize their routes better too.

Transportation Submission 3. Renew ID Cards Online (Family Advocate)

ISSUE: Ca ID not renewable online. If CA driver's licenses are renewable online CA IDs are not a majority of people who do not have driver's licenses are disabled, not to even mention seniors. This results in people who are able to drive not having to drive to renew their licenses. However, people who do not drive need to find some sort of transportation to renew their ID. I believe this is discrimination against the disabled.

RECOMMENDATION: The solution is for the state to mandate that CA IDs be available to renew online. (Note: The Department of Motor Vehicles allows online renewal for ID cards if there was no change of address, and it is not the first time applying for the ID.)

Note: Currently, CA IDs are renewable online.

Transportation Submission 4. Allow More Forms of Proof for ID (Family Advocate)

ISSUE: Getting a California Identification

RECOMMENDATION: Have a form and picture from Alta Regional Center to present at DMV and to social security. My daughter didn't have a student identification. Her school was Guiding Hands. I list her social security card. I do have her social security number. It's been difficult. And I still don't have a valid California identification.

Transportation Submission 5. Create Blue Curbs at Homes (Family Advocate)

ISSUE: I hope to solve parking issues for those who have access to disabled parking, especially in front of their homes/ apartment building.

RECOMMENDATION: I would like for those who are given a blue placard/ disabled parking access, be given a blue curb in front of their homes/ apartment building.

Civil Rights

Civil Rights Submission 1. Allow Conserved Right to Vote (Family Advocate)

ISSUE: Denial of right to vote if conserved

RECOMMENDATION: Revise the conservatorship laws to permit people who are conserved to have the right to vote.

Civil Rights Submission 2. Annual Review of the Need for Conservatorship Professional

ISSUE: I understand why conservatorship was created, parents, case manager, family members and care providers were concerned about health and safety. My challenge to all is, can there be a time limit? With deciding someone's life decisions, it should not be permanent. Can it be perhaps a probation period and maybe every year it's reviewed? In my opinion, service providers should ask themselves these questions: Would I be ok with having a conservatorship? Can I speak up for myself? Who would help me? Why do I have a conservatorship?

RECOMMENDATION: A yearly probation period would benefit all. During the annual meeting discuss is conservatorship needed? And if so why. I'm concerned that fawning happens a lot of the time and the ones we serve feel trapped. It's time to evolve. Like the closing of state hospital, it's time for a new change with our fellow human beings and give back the ownership of their lives.

Civil Rights 3. Respect Medical Privacy (Self-Advocate)

ISSUE: Ageism and Alzheimer's/Dementia and Terminal illness under the age 65 and HIPPA Rights being Violated along with Disrespect and Disregard! On almost a daily basis my HIPPA Rights are violated by doctors, nurses, staff, first responders, police, firefighters and the general public because of the lack of education about so many diseases under the age of 65! One example is Early On-Set Alzheimer's, I was diagnosed with Early On-Set Alzheimer's at 42 and Died of a Cardiac Arrest for 18 minutes at 43. Every day, people say to me, I'm too young to have "Alzheimer's" I'm not doing this for me. I'm doing this for everyone like me who is either too scared or can't share their story anymore!

RECOMMENDATION: Sharing my story along with the factual medical records will help others know they are not alone and will also help Educate All Medical professionals and First Responder's!

Federal Policy

Federal Submission 1. Enforce SSA Guidelines (Professional)

ISSUE: SSA beneficiaries harmed by Social Security. Harm may be both medical, such as stress exacerbating a pre-existing medical condition and/or financial, such as individuals that are unable to meet their basic needs as a direct result of actions and/or a lack of timely action by SSA, and/or by SSA Staff not following procedures set by the SSA.

RECOMMENDATION: The Social Security Administration needs a separate agency to ensure they follow their own policy guidelines. This agency should be empowered to administer sanctions and/or disciplinary action when violations to policy have been egregious. This agency could also be responsible for making sure new policy is administered in a uniform and timely fashion among the various local offices. Also, to implement a uniform understanding of policy which is currently open to interpretation by each individual office.

I see this as being similar to an audit that spot checks quality of service. But may also be triggered by a report filed by a beneficiary. Similar to how someone may file a complaint with the labor board.

Federal Submission 2. Enforce Volume Limits on TV Ads (Council Member/Family Advocate)

ISSUE: "Structure," including an environment that is reasonably predictable and consistent, is vital to the wellbeing of most people on the autism spectrum and other people with I/DD. Despite the CALM Act (Commercial Advertising Loudness Mitigation Act), which was enacted over a decade ago, virtually nothing has changed in the perceived volume of commercial advertising. The volume of commercials today is still far louder than the program. The jumps back and forth in broadcast volume that occurs between advertising and program content is a source of needless anxiety for many people on the autism spectrum, particularly those with acute hearing sensitivity. Additionally, a recent study suggests millions of teens and young adults are at risk of early hearing loss. They stand to benefit from addressing this problem as well.

RECOMMENDATION: The Audio Engineering Society (AES) proposed in 2018 (and revised in 2023) loudness guidelines in the form of "AES71 -- Recommended Practice Loudness Guidelines for Over-the-Top Television and Online Video Distribution." Binding legislation requiring adherence and compliance with AES71 for all audiovisual programming in California would address the problem.

Federal Submission 3. Amend ADA for Employment (Self-Advocate)

ISSUE: It is so hard to be hired with a position that you qualified for and meet all requirements listed on the job posts. As soon as you go into your interview and your disability is visible the employer finds a way and excuses to not hire the candidate. This is a true disadvantage for people with disabilities. We are the largest minority group with the employment statistics. We need to change this!

RECOMMENDATION: Top priority! We need an employment national rally day to come and make a stance. Ask for change in the interview process that it is an open process with employers. The required ADA Coordinator of 50 or employees, should be designated to a person with a qualified disability, education, and experience. ADA Amendment that all direct disability related agencies require 50% staff with disabilities at all levels.

Federal Submission 4. Add Families to HUD Risk of Homelessness Scoring (Professional)

ISSUE: Housing for our families with disabled children.

RECOMMENDATION: Currently the scoring used for risk of homelessness for various housing agencies does not include a higher score for a parent caring for a disabled child. We currently have families struggling to find housing with children that are dependent and have multiple pieces of equipment. Expand the sec 811 HUD to include not only people with disabilities but the caregivers of children under 18 with disabilities.

Department of Developmental Services

2025-26 Governor's Budget Highlights



**Gavin Newsom
Governor
State of California**

**Kim Johnson
Secretary
California Health and Human Services
Agency**

**Pete Cervinka
Director
Department of Developmental Services**

January 2025

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DEPARTMENT OF DEVELOPMENTAL SERVICES

2025 GOVERNOR'S BUDGET HIGHLIGHTS

The Department of Developmental Services (Department) 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 to achieve their goals. Additionally, the Early Start Program provides services to infants and toddlers who have or are at risk of having a developmental disability. Services are delivered through a statewide network of 21 private, nonprofit, locally based community agencies known as regional centers, as well as through state-operated programs.

The number of individuals served by regional centers in the community is expected to be 465,165 in the current year and increase to 504,905 in fiscal year (FY) 2025-26. In addition, the proposed budget supports capacity for 302 individuals that can be served through state-operated services.

2025 GOVERNOR'S BUDGET SUMMARY

The Governor's Budget includes \$19 billion total funds (TF) (\$12.4 billion General Fund [GF]) for FY 2025-26; a net increase of \$3.2 billion TF (\$2.2 billion GF) over the updated FY 2024-25 budget, a 20.2 percent TF increase.

In addition to caseload and utilization updates, the proposed FY 2025-26 budget includes the following new and updated adjustments:

- Fairview Warm Shutdown (\$10.8 million GF): An additional year of funding to support the warm shutdown of Fairview Developmental Center as the property disposition process continues.
- Public Records Act – Regional Center Requirements (AB 1147) (\$11.5 million TF, \$8.3 million GF): Includes ten (10.0) permanent positions at Headquarters (HQ), resources for regional centers and contract funding to address the expected increase in workload from Chapter 902, Statutes of 2024 (Assembly Bill 1147).
- California Electronic Visit Verification (CalEvv) Resources (\$284,000 TF, \$129,000 GF): Includes two (2.0) permanent positions at HQ to support compliance with the 21st Century Cures Act.

Program Highlights

(Dollars in Thousands)

	FY 2024-25	FY 2025-26	Difference
Community Services Program			
Regional Centers	\$15,368,492	\$18,561,632	\$3,193,140
Total, Community Services	\$15,368,492	\$18,561,632	\$3,193,140
General Fund	\$9,882,782	\$12,052,618	\$2,169,836
Program Development Fund	\$434	\$434	\$0
Developmental Disabilities Services Account	\$150	\$150	\$0
Federal Trust Fund	\$55,589	\$55,589	\$0
Reimbursements	\$5,428,797	\$6,452,101	\$1,023,304
Behavioral Health Services Fund	\$740	\$740	\$0
State Operated Services			
Personal Services	\$257,825	\$266,221	\$8,396
Operating Expense & Equipment	\$56,879	\$58,422	\$1,543
Total, State Operated Services	\$314,704	\$324,643	\$9,939
General Fund	\$283,253	\$293,228	\$9,975
Lottery Education Fund	\$77	\$77	\$0
Reimbursements	\$31,374	\$31,338	(\$36)
Headquarters Support			
Personal Services	\$119,964	\$119,515	(\$449)
Operating Expense & Equipment	\$39,055	\$37,116	(\$1,939)
Total, Headquarters Support	\$159,019	\$156,631	(\$2,388)
General Fund	\$101,443	\$101,413	(\$30)
Federal Trust Fund	\$2,968	\$3,026	\$58
Program Development Fund	\$447	\$447	\$0
Reimbursements	\$53,659	\$51,243	(\$2,416)
Behavioral Health Services Fund	\$502	\$502	\$0
Total, All Programs	\$15,842,215	\$19,042,906	\$3,200,691
Total Funding			
General Fund	\$10,267,478	\$12,447,259	\$2,179,781
Federal Trust Fund	\$58,557	\$58,615	\$58
Lottery Education Fund	\$77	\$77	\$0
Program Development Fund	\$881	\$881	\$0
Developmental Disabilities Services Account	\$150	\$150	\$0
Reimbursements	\$5,513,830	\$6,534,682	\$1,020,852
Behavioral Health Services Fund	\$1,242	\$1,242	\$0
Total, All Funds	\$15,842,215	\$19,042,906	\$3,200,691
Caseloads*			
State Operated Services	302	302	0
Regional Centers	465,165	504,905	39,740
Departmental Positions			
State Operated Services	1,909.8	1,900.7	(9.1)
Headquarters	708.0	720.0	12.0

*Updated FY 2024-25 caseload reflects no change from Enacted Budget for purposes of core staffing funding assumptions.

COMMUNITY SERVICES PROGRAM

FY 2024-25

Costs and Fund Sources

The FY 2024-25 updated regional center budget includes \$15.4 billion TF (\$9.9 billion GF), a net decrease of \$25.3 million TF (\$20.8 million GF) compared to the Enacted Budget. This includes a projected decrease of \$25.0 million TF in purchase of services (POS) expenditures and a decrease of \$250,000 TF in Early Start Part C/Other Agency costs.

Costs and Fund Sources <i>(Dollars in Thousands)</i>			
	Enacted Budget	FY 2024-25	Difference
Operations	\$1,551,906	\$1,551,906	\$0
Purchase of Services	\$13,820,104	\$13,795,054	(\$25,050)
Early Start Part C/Other Agency Costs	\$19,779	\$19,529	(\$250)
Early Start Family Resource Services	\$2,003	\$2,003	\$0
Total Costs	\$15,393,792	\$15,368,492	(\$25,300)
General Fund (GF)	\$9,903,551	\$9,882,782	(\$20,769)
<i>GF Match</i>	\$5,125,775	\$5,127,078	\$1,303
<i>GF Other</i>	\$4,777,776	\$4,755,704	(\$22,072)
Reimbursements	\$5,431,579	\$5,428,797	(\$2,782)
Program Development Fund	\$434	\$434	\$0
Developmental Disabilities Services Account	\$150	\$150	\$0
Behavioral Health Services Fund	\$740	\$740	\$0
Federal Funds	\$57,338	\$55,589	(\$1,749)
Fund Sources	\$15,393,792	\$15,368,492	(\$25,300)

Population

There is no change to the current year caseload from the Enacted Budget.

Caseload	Enacted Budget	FY 2024-25*	Difference
Active (Age 3 & Older)	386,987	386,987	0
Early Start (Birth through 35 Months)	66,186	66,186	0
Provisional Eligibility (Birth through Age 4)	11,992	11,992	0
Total Community Caseload	465,165	465,165	0

*Updated FY 2024-25 caseload reflects no change from Enacted Budget for purposes of core staffing funding assumptions.

Regional Center Operations – Caseload

There is no change to the current year from the Enacted Budget.

Operations – Caseload <i>(Dollars in Thousands)</i>			
	Enacted Budget	FY 2024-25	Difference
Staffing Expenditures	\$1,438,265	\$1,438,265	\$0
Federal Compliance	\$49,552	\$49,552	\$0
Projects	\$38,427	\$38,427	\$0
Intermediate Care Facility-Developmentally Disabled			
Quality Assurance Fees	\$1,850	\$1,850	\$0
Total Operations – Caseload	\$1,528,094	\$1,528,094	\$0

Regional Center Operations – Policy

There is no change to the current year Operations policies from the Enacted Budget.

Operations – Policy <i>(Dollars in Thousands)</i>			
	Enacted Budget	FY 2024-25	Difference
UFSM & CERMS	\$2,665	\$2,665	\$0
Service Provider Rate Reform	\$21,147	\$21,147	\$0
Total Operations – Policy	\$23,812	\$23,812	\$0

Purchase of Services (POS) – Caseload

Updated POS expenditures reflect a net increase of \$170.9 million TF (\$148.6 million GF) compared to the Enacted Budget. The table below displays adjustments by category from the Enacted Budget.

Purchase of Services Caseload (Utilization and Growth) (Dollars in Thousands)			
	Enacted Budget	FY 2024-25	Difference
Community Care Facilities	\$3,460,336	\$3,460,616	\$280
Medical Facilities	\$52,696	\$52,715	\$19
Day Programs	\$1,538,687	\$1,558,102	\$19,415
Habilitation Services	\$137,381	\$146,545	\$9,164
<i>Work Activity Program</i>	\$4,782	\$4,782	\$0
<i>Supported Employment Program – Group</i>	\$71,270	\$71,328	\$58
<i>Supported Employment Program – Individual</i>	\$61,329	\$70,435	\$9,106
Transportation	\$630,440	\$631,464	\$1,024
Support Services	\$2,992,822	\$3,016,342	\$23,520
In-Home Respite	\$1,423,416	\$1,450,773	\$27,357
Out-of-Home Respite	\$52,060	\$54,202	\$2,142
Health Care	\$274,536	\$282,728	\$8,192
Miscellaneous Services	\$1,330,127	\$1,409,921	\$79,794
Intermediate Care Facility-Developmentally Disabled Quality Assurance Fees	\$9,989	\$9,989	\$0
Total POS – Caseload	\$11,902,490	\$12,073,397	\$170,907

POS – Policy

There is a net decrease of \$196.0 million TF (\$160.6 million GF) in policy-related expenditures compared to the Enacted Budget. This is mainly driven by the shift from policy to POS budget categories for items displayed under policy in the Enacted Budget.

- \$170.9 million TF (\$144.5 million GF) of policy items previously displayed in the Enacted Budget are now assumed in POS budget category trends.
- Direct Service Professional Workforce Training (under Ongoing Purchase of Services Items): Decrease of \$17.9 million TF (\$11.8 million GF) reflecting updated implementation timeline.
- Bilingual Differentials for Direct Service Professionals (under Ongoing Purchase of Services Items): Decrease of \$7.2 million TF (\$4.4 million GF) reflecting updated implementation timeline.

Purchase of Services – Policy			
<i>(Dollars in Thousands)</i>			
	Enacted Budget	FY 2024-25	Difference
Early Start Eligibility*	\$13,208	\$0	(\$13,208)
Lanterman Act Provisional Eligibility Ages 0 Through 4*	\$79,614	\$0	(\$79,614)
Ongoing Purchase of Services Items	\$71,050	\$17,000	(\$54,050)
Self-Determination Ongoing Implementation*	\$3,600	\$0	(\$3,600)
Social Recreation and Camping Services*	\$45,485	\$0	(\$45,485)
Service Provider Rate Reform	\$1,704,657	\$1,704,657	\$0
Total POS – Policy	\$1,917,614	\$1,721,657	(\$195,957)

*These policies are fully incorporated into the caseload and utilization growth.

Reimbursements

The updated current year reflects a net decrease of \$2.8 million in reimbursements compared to the Enacted Budget. Adjustments are reflected in the table below.

Reimbursements <i>(Dollars in Thousands)</i>			
	Enacted Budget	FY 2024-25	Difference
Home and Community-Based Services (HCBS) Waiver	\$3,708,535	\$3,700,995	(\$7,540)
HCBS Waiver Administration	\$24,414	\$24,298	(\$116)
Medicaid Administration	\$21,368	\$24,080	\$2,712
Targeted Case Management	\$396,433	\$402,605	\$6,172
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
Intermediate Care Facility-Developmentally Disabled State Plan Amendment	\$61,675	\$64,889	\$3,214
Intermediate Care Facility-Developmentally Disabled Quality Assurance Fees	\$10,914	\$10,914	\$0
1915(i) State Plan Amendment	\$753,113	\$751,782	(\$1,331)
Early Periodic Screening Diagnosis and Treatment	\$19,798	\$19,798	\$0
Behavioral Health Treatment Fee-for-Service	\$11,481	\$5,588	(\$5,893)
Self-Determination Program Waiver	\$210,427	\$210,427	\$0
Total Reimbursements	\$5,431,579	\$5,428,797	(\$2,782)

Federal Funds

The updated current year reflects a net decrease of \$1.7 million in federal funds compared to the Enacted Budget. The main drive is the decrease in Federal Fund Grant amounts.

Federal Funds <i>(Dollars in Thousands)</i>			
	Enacted Budget	FY 2024-25	Difference
Early Start Part C/Other Agency Costs	\$56,193	\$54,444	(\$1,749)
Foster Grandparent Program	\$1,145	\$1,145	\$0
Total Federal Funds	\$57,338	\$55,589	(\$1,749)

FY 2025-26

Costs and Fund Sources

The FY 2025-26 regional center budget includes \$18.6 billion TF (\$12.1 billion GF), a net increase of \$3.2 billion TF (\$2.2 billion GF) compared to the updated current year. This includes a projected \$151.9 million TF increase in regional center operations costs, and \$3.0 billion TF increase in purchase of services expenditures due to caseload increases and full year annualization of rate reform implementation.

Costs and Fund Sources <i>(Dollars in Thousands)</i>			
	FY 2024-25	FY 2025-26	Difference
Operations	\$1,551,906	\$1,703,818	\$151,912
Purchase of Services	\$13,795,054	\$16,836,282	\$3,041,228
Early Start Part C/Other Agency Costs	\$19,529	\$19,529	\$0
Early Start Family Resource Services	\$2,003	\$2,003	\$0
Total Costs	\$15,368,492	\$18,561,632	\$3,193,140
General Fund (GF)	\$9,882,782	\$12,052,618	\$2,169,836
<i>GF Match</i>	\$5,127,078	\$6,206,526	\$1,079,448
<i>GF Other</i>	\$4,755,704	\$5,846,092	\$1,090,388
Reimbursements	\$5,428,797	\$6,452,101	\$1,023,304
Program Development Fund/Parental Fees	\$434	\$434	\$0
Developmental Disabilities Services Account	\$150	\$150	\$0
Behavioral Health Services Fund	\$740	\$740	\$0
Federal Funds	\$55,589	\$55,589	\$0
Fund Sources	\$15,368,492	\$18,561,632	\$3,193,140

Population

The Department forecasts a net increase of 39,740 consumers compared to the Enacted Budget.

Caseload	FY 2024-25*	FY 2025-26	Difference
Active (Age 3 & Older)	386,987	422,526	35,539
Early Start (Birth through 35 Months)	66,186	66,756	570
Provisional Eligibility (Birth through Age 4)	11,992	15,623	3,631
Total Community Caseload	465,165	504,905	39,740

*Updated FY 2024-25 caseload reflects no change from Enacted Budget for purposes of core staffing funding assumptions.

Regional Center Operations – Caseload

The budget year includes \$1.7 billion TF (\$1.2 billion GF) for regional center operations, an increase of \$153.4 million (\$123.8 million GF) compared to the current year. The increase is primarily attributed to anticipated caseload growth.

Operations – Caseload <i>(Dollars in Thousands)</i>			
	FY 2024-25	FY 2025-26	Difference
Staffing Expenditures	\$1,438,265	\$1,589,505	\$151,240
Federal Compliance	\$49,552	\$49,552	\$0
Projects	\$38,427	\$40,471	\$2,044
Intermediate Care Facility-Developmentally Disabled			
Quality Assurance Fees	\$1,850	\$1,947	\$97
Total Operations – Caseload	\$1,528,094	\$1,681,475	\$153,381

Regional Center Operations – Policy

The budget year includes \$22.3 million TF (\$15.4 million GF) for policies impacting regional center operations, a decrease of \$1.5 million TF (\$985,000 GF increase) compared to the updated current year.

Updated Policies:

- Service Provider Rate Reform: Decrease of \$8.5 million TF (\$5.8 million GF) due to limited-term funding for rate reform acceleration through FY 2024-25.
- UFSM & CERMS: Decrease of \$2.7 million GF for one-time resources in FY 2024-25.

New Policy:

- Public Records Act – Regional Center Requirements (AB 1147): Increase of \$9.7 million TF (\$6.8 million GF) for regional center resources to address the expected increase in workload from Chapter 902, Statutes of 2024 (Assembly Bill 1147).

Operations – Policy <i>(Dollars in Thousands)</i>			
	FY 2024-25	FY 2025-26	Difference
Public Records Act - Regional Centers Requirements (AB 1147)	\$0	\$9,696	\$9,696
UFSM & CERMS	\$2,665	\$0	(\$2,665)
Service Provider Rate Reform	\$21,147	\$12,647	(\$8,500)
Total Operations – Policy	\$23,812	\$22,343	(\$1,469)

Purchase of Services (POS) Caseload

The budget year includes \$14.7 billion TF (\$9.5 billion GF) for purchase of services, an increase of \$2.6 billion TF (\$1.8 billion GF), compared to the updated current year. The net increase primarily is due to updated expenditure trends in the utilization of various budget categories, as shown below.

Purchase of Services Caseload (Utilization and Growth) <i>(Dollars in Thousands)</i>			
	FY 2024-25	FY 2025-26	Difference
Community Care Facilities	\$3,460,616	\$3,833,880	\$373,264
Medical Facilities	\$52,715	\$54,834	\$2,119
Day Programs	\$1,558,102	\$1,799,498	\$241,396
Habilitation Services	\$146,545	\$149,002	\$2,457
<i>Work Activity Program</i>	\$4,782	\$2,349	(\$2,433)
<i>Supported Employment Program – Group</i>	\$71,328	\$67,102	(\$4,226)
<i>Supported Employment Program – Individual</i>	\$70,435	\$79,551	\$9,116
Transportation	\$631,464	\$916,204	\$284,740
Support Services	\$3,016,342	\$3,770,494	\$754,152
In-Home Respite	\$1,450,773	\$1,621,369	\$170,596
Out of Home Respite	\$54,202	\$82,551	\$28,349
Health Care	\$282,728	\$338,116	\$55,388
Miscellaneous Services	\$1,409,921	\$2,104,341	\$694,420
Intermediate Care Facility-Developmentally Disabled			
Quality Assurance Fees	\$9,989	\$10,510	\$521
Total POS – Caseload	\$12,073,397	\$14,680,799	\$2,607,402

POS – Policy

The budget year includes \$2.1 billion TF (\$1.3 billion GF) for policies impacting regional center purchase of services, an increase of \$433.8 million TF (\$287.4 million GF) compared to the updated current year.

Updated Policies:

- Service Provider Rate Reform: Increase of \$408.8 million TF (\$244.3 million GF) to reflect full year of rate model implementation.
- Direct Service Professional Workforce Training (under Ongoing Purchase of Services Items): Increase of \$17.9 million TF (\$11.8 million GF) to reflect annualized implementation.
- Bilingual Differentials for Direct Service Professionals (under Ongoing Purchase of Services Items): Increase of \$7.2 million TF (\$4.4 million GF) to reflect annualized implementation.

Purchase of Services – Policy			
<i>(Dollars in Thousands)</i>			
	FY 2024-25	FY 2025-26	Difference
Ongoing Purchase of Services Items	\$17,000	\$42,050	\$25,050
Service Provider Rate Reform	\$1,704,657	\$2,113,433	\$408,776
Total POS – Policy	\$1,721,657	\$2,155,483	\$433,826

Reimbursements

The budget year includes \$6.5 billion in reimbursements, an increase of \$1.0 billion compared to the updated current year. Adjustments are reflected in the table below and the main drivers are increases in caseload and utilization.

Reimbursements <i>(Dollars in Thousands)</i>			
	FY 2024-25	FY 2025-26	Difference
Home and Community-Based Services (HCBS) Waiver	\$3,700,995	\$4,388,169	\$687,174
HCBS Waiver Administration	\$24,298	\$26,015	\$1,717
Medicaid Administration	\$24,080	\$24,080	\$0
Targeted Case Management	\$402,605	\$427,984	\$25,379
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
Intermediate Care Facility-Developmentally Disabled State Plan Amendment	\$64,889	\$64,889	\$0
Intermediate Care Facility-Developmentally Disabled Quality Assurance Fees	\$10,914	\$11,483	\$569
1915(i) State Plan Amendment	\$751,782	\$945,920	\$194,138
Early Periodic Screening Diagnosis and Treatment	\$19,798	\$19,798	\$0
Behavioral Health Treatment Fee-for-Service	\$5,588	\$5,588	\$0
Self-Determination Program Waiver	\$210,427	\$324,754	\$114,327
Total Reimbursements	\$5,428,797	\$6,452,101	\$1,023,304

Federal Funds

There is no change as compared to the updated current year budget.

Federal Funds <i>(Dollars in Thousands)</i>			
	FY 2024-25	FY 2025-26	Difference
Early Start Part C/Other Agency Costs	\$54,444	\$54,444	\$0
Foster Grandparent Program	\$1,145	\$1,145	\$0
Total Federal Funds	\$55,589	\$55,589	\$0

STATE OPERATED SERVICES

FY 2024-25

The FY2024-25 updated state-operated services budget of \$314.7 million TF (\$283.3 million GF), a decrease of -\$6.8 million (-\$6.5 million GF) compared to the Enacted Budget.

Policy

- Complex Care Needs: A decrease of -\$5.0 million GF due to updated implementation timeline.
- Control Section Adjustments: A decrease of -\$1.8 million (-\$1.5 million GF) due to retirement and employee compensation adjustments.

Costs and Fund Sources			
<i>(Dollars in Thousands)</i>			
	Enacted Budget	FY 2024-25	Difference
Personal Services	\$263,370	\$257,825	(\$5,545)
Operating Expenses and Equipment	\$49,919	\$48,610	(\$1,309)
Lease Revenue Bond	\$8,264	\$8,269	\$5
Total Costs	\$321,553	\$314,704	(\$6,849)
General Fund (GF)	\$289,792	\$283,253	(\$6,539)
<i>GF Match</i>	\$31,661	\$31,374	(\$287)
<i>GF Other</i>	\$258,131	\$251,879	(\$6,252)
Reimbursements	\$31,661	\$31,374	(\$287)
Lottery Fund	\$100	\$77	(\$23)
Fund Sources	\$321,553	\$314,704	(\$6,849)

FY 2025-26

The FY 2025-26 budget includes \$324.6 million (\$293.2 million GF), an increase of \$9.9 million TF (\$10.0 million GF) compared to the FY 2024-25 Budget due to expiration of a one-time Porterville Developmental Center workload adjustment in FY 2024-25, revised Fairview Warm Shutdown and Complex Needs Residential Program assumptions and Control Section adjustments.

Facilities Update:

- Porterville Developmental Center: Year-over-year \$10 million GF change reflects partial funding restoration for authorized staff following one-time workload adjustment in FY 2024-25.
- Fairview Warm Shutdown: A net reduction of -\$1.0 million GF due to updated staffing assumptions compared to FY 2024-25.

Policy

- Control Section Adjustments: An increase of \$349,000 (\$291,000 GF) due to employee compensation adjustments.
- Complex Needs Residential Program: An adjustment of \$628,000 GF to align with already-scored costs for initial phased-in staff resources aligned with the updated implementation timeline.

Costs and Fund Sources			
<i>(Dollars in Thousands)</i>			
	FY 2024-25	FY 2025-26	Difference
Personal Services	\$257,825	\$266,221	\$8,396
Operating Expenses and Equipment	\$48,610	\$50,150	\$1,540
Lease Revenue Bond	\$8,269	\$8,272	\$3
Total Costs	\$314,704	\$324,643	\$9,939
General Fund (GF)	\$283,253	\$293,228	\$9,975
<i>GF Match</i>	\$31,374	\$31,338	(\$36)
<i>GF Other</i>	\$251,879	\$261,890	\$10,011
Reimbursements	\$31,374	\$31,338	(\$36)
Lottery Fund	\$77	\$77	\$0
Fund Sources	\$314,704	\$324,643	\$9,939

HEADQUARTERS

FY 2024-25

The FY 2024-25 updated budget includes \$159.0 million TF (\$101.4 million GF), a net decrease of -\$9.4 million TF (-\$8.9 million GF) compared to the Enacted Budget.

- Reimbursement System Project. Decrease of -\$8.3 million GF reflects the conclusion of project deliverables.

Costs and Fund Sources			
<i>(Dollars in Thousands)</i>			
	Enacted Budget*	FY 2024-25	Difference
Personal Services	\$121,132	\$119,964	(\$1,168)
Operating Expenses and Equipment	\$47,312	\$39,055	(\$8,257)
Total Costs	\$168,444	\$159,019	(\$9,425)
General Fund (GF)	\$110,342	\$101,443	(\$8,899)
<i>GF Match</i>	\$33,537	\$33,377	(\$160)
<i>GF Other</i>	\$76,805	\$68,066	(\$8,739)
Reimbursements	\$54,129	\$53,659	(\$470)
Program Development Fund	\$452	\$447	(\$5)
Federal Trust Fund	\$3,010	\$2,968	(\$42)
Behavioral Health Services Fund	\$511	\$502	(\$9)
Fund Sources	\$168,444	\$159,019	(\$9,425)

* Enacted Budget fiscal inclusive of FY 2021-22 RSP project reappropriation.

FY 2025-26

The FY 2025-26 budget includes \$156.6 million TF (\$101.4 million GF), a net decrease of -\$2.4 million TF compared to the updated current year. This is a net result of limited-term resources expiring June 30, 2025, adjustments to employee compensation in Item 9800, Control Section 3.60 pension contribution updates, and the following adjustments.

- Public Records Act – Regional Center Requirements (AB 1147) (\$1.8 million TF, \$1.5 million GF): Includes ten (10.0) permanent positions and contract funding resources to address the expected increase in workload from Chapter 902, Statutes of 2024 (Assembly Bill 1147).
- California Electronic Visit Verification (CalEVV) Resources (\$284,000 TF, \$129,000 GF): Includes 2.0 permanent positions at HQ to support compliance with the 21st Century Cures Act.
- Reimbursement System Project. Decrease of -\$2.4 million GF due to contract termination.

Costs and Fund Sources			
<i>(Dollars in Thousands)</i>			
	FY 2024-25	FY 2025-26	Difference
Personal Services	\$119,964	\$119,515	(\$449)
Operating Expenses and Equipment	\$39,055	\$37,116	(\$1,939)
Total Costs	\$159,019	\$156,631	(\$2,388)
General Fund (GF)	\$101,443	\$101,413	(\$30)
<i>GF Match</i>	\$33,377	\$30,961	(\$2,416)
<i>GF Other</i>	\$68,066	\$70,452	\$2,386
Reimbursements	\$53,659	\$51,243	(\$2,416)
Program Development Fund	\$447	\$447	(\$0)
Federal Trust Fund	\$2,968	\$3,026	\$58
Behavioral Health Services Fund	\$502	\$502	(\$0)
Fund Sources	\$159,019	\$156,631	(\$2,388)

January 28, 2025

**AGENDA ITEM 8.
INFORMATIONAL ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – LPPC

Updates and Standing Agenda Items

The goal of this agenda item is for members to receive updates on the following items.

Official agency updates on the Masterplan for Developmental Services, DDS Taskforce and Workgroups, and the Self-Determination Program can be found by clicking the hyperlinks below.

- a. January Council Meeting Summary
- b. Masterplan for Developmental Services ([Updates](#))
- c. DDS Taskforce and Workgroups ([Updates](#))
- d. Self-Determination Program ([Implementation Updates](#))

Attachment(s)

None.

Handout(s)

Could be additional handout(s) day of meeting.

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January 28, 2025

**AGENDA ITEM 10.
INFORMATIONAL ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – LPPC

Member Updates

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

Attachment(s)

None.

Handout(s)

Could be additional handout(s) day of meeting.