



CALIFORNIA STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

BILL IDEAS REPORT 2022

Annual Stakeholder Input on Issues Affecting the Disability Community and Possible Solutions

Issue Date: January 1, 2023

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STATE COUNCIL ON DEVELOPMENTAL DISABILITIES SCDD

BILL IDEAS REPORT 2022

Background

In October 2021, the State Council on Developmental Disabilities (SCDD) launched its first-ever “There Should Be a Law” contest. This contest allowed the public to engage in SCDD’s legislative efforts and submit bill ideas SCDD could use to propose legislative bills in the future.

SCDD received close to 100 bill ideas from parents, self-advocates, community members and professionals in the intellectual and developmentally disabled field. Three of these bill ideas became legislative bills in 2021-2022:

- [AB 1663 \(Maienschein\)](#) – Conservatorship Reform
- [SB 1092 \(Hurtado\)](#) – Equal and Fair Hearings
- [AB 2547 \(Nazarian\)](#) – Housing Subsidy

Because of the valuable insight these bill ideas provide, SCDD decided to run the contest annually, and this year marked the second year of the contest. For 2022, SCDD received over 100 bill idea submissions, with over 10% of submissions in Spanish.

This comprehensive collection of submissions illuminates the community’s current concerns and their proposed solutions in the following policy categories:

- Accessibility to transportation
- Equal opportunities in higher education and employment
- Affordable housing
- Public safety
- Access to services

It is important to note that the condition of California’s economy can determine and affect the number of bills, including the type of bills, that legislators may focus on for the 2022-2023 legislative calendar year.

SCDD would like to thank all the self-advocates, family members, professionals and community members who contributed their bill ideas and solutions to the bill idea contest. As a result, SCDD is better able to understand the issues that affect our community to ensure that people with developmental disabilities and their families receive the services and supports they need.

Current Policy Focus - What is Happening Now?

In 2023, advocating for equal employment opportunities for people with intellectual and developmental disabilities (I/DD) through Competitive Integrated Employment (CIE) is a policy focus for SCDD. Federal law defines Competitive Integrated Employment as:

*Competitive **wages equal to or exceeding minimum wage, integration with coworkers and with non-disabled peers while performing their job duties, and opportunity for advancement.*** ¹

In 2022, [SB 639 \(Durazo, 2021\)](#)² eliminated subminimum wage (or pay below minimum wage) in California. Prior to SB 639, [federal](#)³ and [state](#)⁴ law allowed employers to pay many persons with disabilities less than the minimum pay wage (subminimum) and subjected them to segregated work settings.

SB 639 also requires SCDD to collaborate with other agencies to develop a multi-year phaseout plan to pay any employee with a disability no less than the state minimum wage by January 1, 2025. The phase out plan release date is January 2023, with recommendations on increasing CIE opportunities for people with disabilities. Please visit our website to view the report [SCDD Website- SB 639 Home Section](#).⁵

Also, SCDD's Employment First Committee and the Departments of Education (CDE), Rehabilitation (DOR), and Developmental Services (DDS), along with other stakeholders, have developed the [California CIE Blueprint for Change](#)⁶—a plan to increase equal employment opportunities for people with I/DD by preparing them for competitive integrated employment, and to reduce reliance upon subminimum wage jobs.

Bill Ideas by Policy Categories

Below are the Bill Ideas by category. A "SCDD Side Note" indicates legislative background or other supplemental information useful in addressing the issue or solution of a bill idea.

Terms Defined:

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

¹ [29 U.S. Code §705](#) and [34 C.F.R. 361.5\(c\)\(9\)-Definition of Competitive Integrated Employment](#)

² [California Legislature, Senate Bill 639 Subminimum Wages: Persons with disabilities. \(Durazo, 2021\).](#)

³ [29 U.S.C. § 214\(c\) Fair Labor Standards](#) and [Fair Labor Standards Act 14\(c\) Subminimum-wage- US Dept of Labor Factsheet](#)

⁴ [CA Labor Code §1191\(a\) Subminimum Wages.](#)

⁵ [SCDD Website: SB 639 Report Home Page](#)

⁶ [SCDD Website: Pathway to Competitive Integrated Employment](#)

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

Service Provider or professional: individuals or provider entities who either provide services to community members or are experts in any matter relating to the needs of our community

Employment

1. **ISSUE: (submitted by Professional)** Employment—especially for those with little or no working experience, continues to be a priority throughout the United States, but there needs to be greater incentives for employers to hire people with disabilities.

SOLUTION: Create a more robust incentive program for hiring people with documented disabilities. I'd recommend the following:

- a. Have the State Government reimburse 50% of the wages after the first 90 days of completed employment. This would be a more immediate incentive rather than waiting until tax season, where for many employers, it just gets lost in the whole tax preparation list.
- b. Provide an incentive for companies that have hired people with disabilities and who have kept them on the payroll for at least one year. This could be another wage incentive or give them "credit" when applying for government contracts (or both). This could be broken up by the size of the company, number of clients hired and retained over a period, etc.

***SCDD Side Note:** Please see **SCDD SB 639 Report** on eliminating subminimum wages and moving towards Competitive Integrated Employment (CIE). The report will be released in **January 2023**. This report will have recommendations on increasing CIE for people with disabilities. Please check the [SCDD SB 639 section](#) of our website.⁷

2. **ISSUE: (submitted by Family Advocate)** Employment for people with intellectual and developmental disabilities.

SOLUTION: Allow nonprofits to provide apprenticeship programs to train these individuals for a set period while not having to pay them. Then, after a certain period they will be allowed to employ that person with a decreasing credit over 5 years. They cannot release that employee without penalty for the 5 following years except with extenuating circumstances. So, if my adult son with Down syndrome is allowed to be an apprentice at the Salvation Army for one year then

⁷ State Council on Developmental Disabilities website. www.sccd.ca.gov/sb639-home.

over the following 5 years a payroll tax credit will be given beginning at 80% the first year and decreasing to 0 over the next 5 years.

3. **ISSUE: (submitted by Family Advocate)** Employment Training

SOLUTION: My son cannot learn a new job without a lot of repetitive training over a long period of time. This training is not readily available that I can find.

4. **ISSUE: (submitted by Self-Advocate)** Get rid of the rule that says people who developmental disabilities have to have low incomes to continue to be eligible for attendant care services through IHSS.

SOLUTION: Change certain IHSS rules to make it easier for people who have developmental disabilities who want to work be able to work and get or maintain their attendant care services.

5. **ISSUE: (submitted by Professional)** High unemployment of people with severe levels of cognitive disability.

SOLUTION: Restore our ability to pay wages based on individual productivity.

*SCDD Side Note: SCDD and Disability Rights CA (DRC) co-sponsored [SB 639 \(Durazo, 2021\)](#).⁸ This bill requires a multi-year phase out of subminimum wage certificates. Previously, people working in sheltered workshops were paid according to productivity, an unfair method of determining wages that is inconsistent with Competitive Integrated Employment (CIE). See more on CIE at [CIE definition and law](#)⁹ and [CA CIE](#).¹⁰

Human Services

1. **(From Spanish, submitted by Family Advocate)**

ISSUE: Disparity in Regional Centers: Not all regional centers have same vendors/services.

SOLUTION: Allow family to select regional center or have a choice in which regional center they prefer to use if the regional center assigned does not provide services, they need for IPP. An example is schools—if a school district does not offer services a child needs, the family is offered services outside of that school district. The same should be true of regional centers. Some regional centers do not offer certain services due to different policies.

⁸ [California Legislature, Senate Bill 639 Minimum wages: persons with disabilities \(Durazo, 2021\)](#).

⁹ [US Dept of Labor-Office of Disability Employment Policy website, CIE Information page and Workforce Innovation and Opportunity Act \(WIOA\) Public Law 113-128](#).

¹⁰ [CA Health & Human Services Agency website, CA Competitive Integrated Employment CIE Blueprint](#).

*** SCDD Side Note:** This issue has been highlighted by parents on several occasions and should be studied to find a solution. However, the solution offered here to allow parents to use other centers or select which centers they want to use may create other unintended consequences, such as create funding issues for other centers. Regional Centers are funded based on the number of clients identified in their catchment area thus allowing people to select a regional center can cause an imbalance in funding to other centers, as well as cause an excessively large case load ratio. In addition to learning about services in their own area, Service Coordinators at Regional Centers would have to learn about services in other areas as well. A solution might be to create consistency in services among Regional Centers.

2. (From Spanish, submitted by Family Advocate)

ISSUE: It is a challenge to get services that are needed, and help is needed to navigate all the bureaucracy to get services.

SOLUTION: Parents need more advocacy assistance to help them navigate services in schools for their children that have intellectual disabilities, especially those parents who are not English speakers.

***SCDD Side Note:** This issue can possibly be linked to disparity of services that has been currently reported on by different agencies, such as [Public Counsel](#)¹¹ and Little Hoover Commission. The [Little Hoover Commission's current study](#)¹² will assess the extent of disparities in access to services and provide recommendations based off their study. Please check their website in 2023 for recommendations.

3. (From Spanish, submitted by Family Advocate)

ISSUE: To educate parents on how to advocate for their children, to get services needed for I/DD children. Especially, to get help in navigating cases that are in ADR (alternative dispute resolution.)

SOLUTION: Create a process to offer assistance to parents, to show them how to navigate services and how to resolve a case in ADR.

4. (From Spanish, submitted by Family Advocate)

¹¹ [Public Counsel Report on Disparities in Developmental Services in Regional Centers, "Examining Racial and Ethnic Inequities Among Children Served Under California's Developmental Services System", May 2022.](#)

¹² [Little Hoover Commission Website, Current Study "California's Developmental Disabilities System", Overview and Hearings Schedule.](#)

ISSUE: Parents do not have access to legal representation for hearings, yet regional center staff have lawyers representing them during hearings.

SOLUTION: Equal access to legal representation in hearings--for parents or family of I/DD person to have access to legal representation, selected by the parent and family.

***SCDD Side Note:** This issue is addressed in [SB 1092 \(Hurtado.\)](#)¹³ that passed in 2022. This Fair Hearing Reform bill was appropriated through the Budget for \$4.4 million ongoing to improve access to justice by making it easier for people served by regional centers to participate in the fair hearing process without an attorney. It prohibits regional centers from using attorneys at hearings unless the consumer has an attorney, and promotes the use of mediation to resolve disputes, among other things. The bill idea behind SB 1092 was submitted by a family advocate and supported by SCDD and others.

5. **ISSUE: (submitted by Family Member) High-Needs People:** people with high needs confront many structural barriers to accessing services that are discriminatory and which compromise entitlement to services. The current method of meeting high level needs, which centers on the Health and Safety (H&S) waiver, need to be restructured. The decision to apply for a H&S Waiver should not be solely up to a vendor provider who can instead simply decline to serve the person at any time, before or after they accept a client.

SOLUTION: We need a defined mechanism to fund overtime pay for high needs people. Overtime (OT) charges are routinely incurred by higher needs people who require more than 40 hours a week of support, which creates a built-in discriminatory barrier to accessing services when that overtime is unfunded. The federal government first mandated overtime pay for Direct Support Professionals (DSP's) in 2016, an act that created an unfunded mandate from which our system has never recovered. When DSP overtime became law, the state Department of Social Services (DSS) funded In Home Support Services (IHSS) overtime to some degree (up to 30.75 hours a week for providers working for only 1 client), but Department of Developmental Services (DDS) did not follow suit, and OT has never been explicitly funded for high needs people in the regional center system. Recommendations include the following:

- I. Health and Safety Waiver Solution:
 - a) High needs people should be empowered to request a Health and Safety Waiver after they are rejected by a vendor provider who is accepting other clients but does not believe they can meet this client's needs.

¹³ [California Legislature, Senate Bill 1092 Developmental services: individual program plan: fair hearings \(Hurtado, 2022\).](#)

- i. Vendors should be paid for their time to submit a Health and Safety waiver on a client's behalf, without which that client would be bereft of services.
- b) Certain groups of clearly high needs people should be identified by a DDS stakeholder group in advance, for the purpose of automatic qualification for inclusion in a Health and Safety Waiver. These standing H&S Waivers should be publicly accessible and identified in a person's Individualized Program Plan. Such groups should include:
 - i. Those who have been assessed by IHSS to require protective supervision (which in general means more than 40 hours a week of mandated support.)
 - ii. Those who have a diagnosis that is associated with high authorized expenditures but low utilization of services. This combination is indicative of a barrier in accessing authorized services. For example, at Alta Regional, this is clearly the case for adults over 22 who have a cerebral palsy diagnosis, where authorized service dollars are by far the highest (\$77K), but utilization is by far the lowest (58%) of 5 major diagnostic groups (see p. 15 at [ARC Purchase of Service Data](#)).¹⁴

II. Overtime Solution:

Department of Developmental Services (DDS) should fund Direct Support Professionals (DSP) overtime to at least the same extent as Department of Social Services (DSS) does for IHSS (In-Home Support Service) providers. The IHSS funded overtime is up to 30.75 hours a week for a single IHSS provider working for only 1 client, or up to 26 hours a week for a single IHSS provider working for multiple clients.

III. Disability Related Absence Solution:

People whose disabilities prevent them from meeting participation guidelines of a vendor provider should be empowered to apply for funding for disability related absences, rather than be excluded from vital regional center funded programs.

6. **ISSUE: (submitted by Self-Advocate)** People don't know that SELPA's (Special Education Local Plan Area) and CAC (Community Alternative Care) exist. Currently, the SELPA and CAC have no way to get their information to parents in special education unless the district agrees to give out the information.

SOLUTION: During the Individual Education Plan (IEP) process, people are handed a flier/information created by the SELPA and CAC and the ability to provide their information to be contacted directly by the SELPA and CAC. At the

¹⁴ [ACRC Purchase of Service Expenditure and Demographic Data Fiscal Year Report 2020/21, p. 15.](#)

beginning of the school year, the district must provide a new flier to everyone in its district who has an IEP or 504, regardless of placement.

7. **ISSUE: (submitted by Family Advocate)** IEP teams do not consider what the parent wants for their child.

SOLUTION: Parents decision should have more weight than any other person on an IEP team. The student should be able to get any services they need regardless of costs. A student without a good education will cost the government money in the long run if they can't find employment.

8. **ISSUE: (submitted by Professional)** individuals with developmental disabilities must complete similar applications and gather the same documentation for one agency and then do it all over again and collect the same docs for another agency (the housing authority and Orange County Social Services Agency for Medi-Cal are very duplicative in requests for information). Several agencies that provide services to people with I/DD are duplicative and disconnected.

SOLUTION: Make services more streamlined to where agencies can communicate with each other. Create a streamlined process for application of public benefits.

9. **ISSUE: (submitted by Self-Advocate)** Accessibility: Lack of hotel room beds at wheelchair height in hotels.

SOLUTION: Require hotel chains to have beds at wheelchair height in ADA accessible rooms so hotel guests don't have to travel with extra equipment.

10. **ISSUE: (submitted by Self-Advocate)** Accessibility: Lack of lift equipped wheelchair hotel shuttles at major hotel chains. Hotel guests with disabilities have to spend more money on transportation when hotels lack lift equipped shuttles.

SOLUTION: Strongly encourage major hotel chains to have lift equipped shuttles.

11. **ISSUE: (submitted by Family Advocate)** Individuals who are photosensitive or have pattern-induced epilepsy (seizures induced by flashing lights or bold patterns are forced to leave public spaces unexpectedly. It is upsetting and unfair when there is no forewarning when purchasing tickets. Ideally, these types of seizure triggers (flashing lights) would not be allowed so other people could attend more events, but in the least, notification at time of ticket purchase is best.

SOLUTION: Warning or advance notice at time of purchase of events/tickets if there will be use of bright/flashing lights that can cause pattern-induced epilepsy or migraines.

12. **ISSUE: (submitted by Professional)** I would like to see a law that protects people with Epilepsy from exposure to car headlights being too bright and bicycle reflectors blinking and sometimes too bright. I know someone with Epilepsy who is bothered by bright lights and blinking lights. He wishes that someone will make it a state law to make car headlights not so bright and bicycle lights, so they don't blink.

SOLUTION: Make car headlights not as bright and for bicycle lights to not blink.

13. **ISSUE: (submitted by Family Advocate)** In some situations, DDS supports separating individuals from their loved ones, but most disabled people prefer to stay at home. No one may love them more than their own families.

SOLUTION: State Council should conduct audits and establish a system of checks and balances.

14. **ISSUE: (submitted by Family Advocate)** Transparency and accountability from Regional Centers- hold Regional Centers accountable and transparent in how services are provided to clients of Regional Centers.

SOLUTION: AB 812

***SCDD Side Note:** [AB 812 \(Frazier, 2019\)](#)¹⁵ would have created the “Independent Office of the Development Services Inspector General” who would be responsible for reviewing DDS and regional centers, with intent on ensuring transparency and accountability of services rendered through regional centers, among other things. The bill failed in the Assembly Appropriations Committee.

See also: [AB 813 \(Mullin, 2021\)](#).¹⁶ This bill would have required DDS to create pilot programs to develop data collection to evaluate outcomes of services provided by regional centers. The bill failed in the Senate Appropriations Committee.

¹⁵ [California Legislature, Assembly Bill 812 Developmental services: Inspector General \(Frazier, 2020\)](#).

¹⁶ [California Legislature, Assembly Bill 813 Developmental services: service outcome pilot project \(Mullin, 2022\)](#).

15. ISSUE: (submitted by Family Advocate) Access, equity and disparity in education, Regional Centers services and medical care. We need help and funding for direct advocacy and help with legal representation to fight for our rights to get equal access and equity to those services. Right now, we are treated with disparity, discriminated against and our rights are constantly violated knowing we have no funds or direct representation to fight back.

SOLUTION: A bill that would require all education, Regional Centers and medical care agencies receiving any state or federal grant funding to provide 50% of any grants to fund direct advocacy services to the student, family, patient from a highly qualified, certified advocate or attorney chosen by the person, and with expertise in that area. Currently there are millions of dollars in grant funding for education, resource lists and training to these institutions and agencies on the system process and individual's rights, but zero money or services to enforce those rights. Direct advocacy services, support, and representation are needed that includes direct representation, writing of demand letters, ghost-letter writing, attending meetings, filing local and state complaints, and legal representation at due process or fair hearings and appeals. Currently taxpayer money is used by education and medical agencies to hire attorneys to fight people whose access, equity, and discrimination rights they are violating, but zero money is provided to the people to get their rights. We need to level the playing field. Equity, access should not be only available to those who can afford to hire attorneys and advocate.

***SCDD Side Note:** SCDD co-sponsored [SB 1092 \(Hurtado\)](#)¹⁷ in 2021-2022. This Fair Hearing Reform bill was appropriated through the Budget for \$4.4 million ongoing to improve access to justice by making it easier for people served by regional centers to participate in the fair hearing process without an attorney. It prohibits regional centers from using attorneys at hearings unless the consumer has an attorney, and promotes the use of mediation to resolve disputes, among other things.

The bill idea behind SB 1092 was submitted by a family advocate.

16. ISSUE: (submitted by Family Advocate) There is a law for 12-year-olds and every time I call the neurologist they ask to speak with my son. I explain that he is mentally disabled, but they won't talk to me.

SOLUTION: The law must be corrected and not include 12 years old with a mental disability.

¹⁷ See SB 1092, Ref. pg. 5.

17. **ISSUE: (submitted by Professional/Family Advocate)** Providing more empowerment for limited conservators to carry out their powers as directed by the Court for consumers that do not have the capacity (also as determined by the Court), to understand causal relationships between lifestyle choices and potentially catastrophic outcomes.

Professional Background: I am a Clinical Social Worker licensed by the State of California since April 1982, in good standing. I have worked 7 years in State Developmental Centers as a Clinical Social Worker, been a Program Director at Napa State Hospital and the Chief of Social Work at DSH Stockton, and Director of Integrated Urgent Psychiatric Services for the Permanente Medical Group for the West and South Bay Area for 6 years. I have been the Adult Services Manager for Alcohol, Drug, and Mental Health Services in Yolo County and was an oral examiner for the Board of Behavioral Science Examiners for over 12 years.

Background: I have two sons, one deceased since October 2014, with severely disabling developmental disabilities. My older son had Down Syndrome, a comorbidity of ASD, ADHD, and an AV. Septal Defect requiring two open heart surgeries. My younger son, now 24, lives in an Enhanced Behavior Home and previously was in a crisis home. Both sons were conserved. My powers include the ability to consent for medical care and fix place of residence, amongst other areas. My son was placed in his current EBH in Fall 2021. He has gained 40 lbs. and developed metabolic syndrome, pre-diabetes, hypoglycemia, and hyperglycemia in his short time in this setting. Despite the imploring of our family care physician and the recommendations of a registered dietician she referred him to, the home refuses to limit his diet. I have been told it is his right to eat whatever and whenever he wants. Since his residence here, his A1c has moved into pre-diabetes, is now obese, and has had a grave decline in his cardiopulmonary fitness--all in context of a family history of severe diabetes. My son is non-verbal with very limited communication skills. He is not capable of filing a protest over a reasonable diet. I am not going to file a client rights complaint that the home is not implementing the diet recommended by his physician, psychiatrist, and dietician. The home is taking a doctrinaire approach to this issue, putting my son at great risk. The prior crisis home managed to give him more exercise and keep him on a reasonably healthy diet. I am being prevented from my legal responsibility and my parental responsibility, to ensure he is in optimal health. My son has no ability to understand that his over-eating puts him at severe risk of diabetes and health issues, such as amputations, blindness, stroke, kidney failure, etc.

SOLUTION: Legislation may be required, or greater administrative regulations written to avoid absurd interpretations of client rights. I feel there needs to be a clinical review process to enable exercise of rights to be balanced against the risk they pose, with people where the Court has determined they do not have

the capacity to understand risk and the causal relationship between something like dramatic overeating and limitations and invasive medical procedures. For example, my son would be very combative if he had to have One Touch blood sugar readings several times a day. It would be even more difficult if he required insulin injections.

I see the solution as the development of a mediation process where a neutral physician weighs the exercise of this supposed right to engage in health compromising behavior. An appropriate specialist (in my son's case a registered dietician), the parent/conservator(s), disability rights, and the regional center representative. Keeping my son healthy should not be an adversarial process where I must fight the agency and the providers who are purportedly responsible for his care and his welfare. Good care is individualized to the specific needs and capabilities of each person.

18. (From Spanish, submitted by Family Advocate)

ISSUE: not being able to obtain AIP speech services.

SOLUTION: receive AIP speech services.

19. ISSUE: (submitted by Self-Advocate) Better assistance in helping people with disabilities get jobs who have criminal records.

SOLUTION: Hire more support living service agencies to assist self-advocates in this process.

20. ISSUE: (submitted by Family Advocate) My son is the recipient of an ABLE account. We use this account to save money for him for his long-term needs. Recently we got a letter in the mail saying his account was at risk of being turned over to the State because it had been unused for more than 2 years. Because my son lives with me, I got the letter and was able to act on it. But when I am no longer around, who is going to act on it?

SOLUTION: ABLE accounts should not be turned over to the State when they are inactive. They are designed for people with disabilities to save for their future.

***SCDD Side Note:** ABLE accounts include both the parent/guardian and a next of kin. See more information on ABLE accounts here: [CAL ABLE Accounts](#)

21. ISSUE: (submitted by a Professional) The idea that I have as a day program manager is this: If I am a parent and or caregiver of a child/person that cannot communicate, why is it so difficult to receive a communication device that will

help him/her speak for the first time. This assistive technology is given to the person through the school program until they either transition out or get their certification of completion. What happens when they do not speak after schooling. He/she must go through tons of red tape to qualify to be thought of or eligible for the assistive device and yet if they still can communicate just a bit and/or not at that stage of touching the iPad he/she are disqualified, and insurances do not cover this device. Every parent's dream is for their child be given the chance, why do we make it so hard for the parents who just want to hear their child speak? As parents, we may never have to ask, "I wonder what he/she is thinking?" A parent with a special needs child often cries themselves to sleep asking themselves, "What is he/she thinking right now?"

SOLUTION: If the person does not learn how to speak when he/she leaves high school, the communication device should automatically follow the person upon transferring to a transitions school or day program. This device should or could be covered through the regional center as part of the services provided through the regional center and reimbursed by the insurances. There should be less red tape for people who need such devices who are covered by medical or Medicare. The struggle for people with special needs and their families is hard enough. Why make this harder on them and let the devices follow him/her to their next step in life so the growing, the learning, and the road to their independency can continue.

22. ISSUE: (submitted by Family Advocate) Lack of knowledge that parents must be fully informed participants in IEP meetings. Parents do not understand what they are signing, and a lot of parents don't know how to read/understand the document itself.

SOLUTION: That school districts are required to make sure that parents go through a training or workshop that lets them know the contents of the IEP document, the process, and how to read that document and that it be done prior to the first IEP meeting. If their child is already on an IEP, then making sure they have that knowledge prior to the next IEP meeting. School is the start for our children and an important step on their ability to navigate the world.

23. ISSUE: (submitted by Family Advocate) Difficulty recruiting and retaining staff to work at agencies that support adults with DD/ID.

SOLUTION: I would like to propose public/private venture (tax benefit and grants) for development of all-studio apartments in desirable areas, think Liberty Station in Pt Loma. The idea would be to incentivize commitment to employment in hard-to-fill jobs by reducing the commute and by providing attractive living options at a subsidized rent. The idea would be mixed housing with

opportunities for consumers to live alongside people who have signed a 2-year contract with a residential care facility, adult program, or respite agency.

24. **ISSUE: (submitted by Self-Advocate)** Pay my staff more so I can keep the good employees, less turnover.

SOLUTION: The state should automatically increase staff wages when the minimum wage goes up.

***SCDD Side Note for items #25 and #26:** Through the 2021 and 2022 budgets, the state will be implementing rate reform in a 3-5 year roll out, as well as some workforce stability investments. While these investments are precedent setting, more is still needed in order to right size the services needed.

\$185.3 million one-time General Fund to address challenges in recruiting and retaining regional center service coordinators and direct support professionals through providing training stipends for direct support professionals (\$127.8 million General Fund), establishing a three-month training and internship program for workers who provide direct services (\$22.5 million General Fund), establishing a tuition reimbursement program for regional center service coordinators pursuing degrees or certifications in health and human services-related fields (\$30 million General Fund), and piloting a program to develop remote technology supports to increase consumer independence (\$5 million General Fund).¹⁸

\$263.7 million (\$159.2 million General Fund) in 2022-23 for a six-month acceleration in the phased-in implementation of service provider rate reform initiated through the 2021 Budget Act with a continued focus on improving outcomes and quality of services. The Budget also includes \$55.3 million (\$34.1 million General Fund) in 2023-24 and \$888.7 million (\$534.1 million General Fund) in 2024-25 to accelerate full implementation of the rate models and quality incentives program by one year.¹⁹

25. **ISSUE: (submitted by Family Advocate/Professional)** There is no legal mechanism in CA to raise my staff wages (DSP, IHSS, and Job Coaches) whenever the state passes a new minimum wage mandate. This leads to wage compression and inability to hire & maintain staff.

SOLUTION: Pass a law that would trigger an automatic rate increase (and/or DSP wage pass-through) Every time the state passes a new min wage

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mandated increase. The increase must consider the additional increase needed for staff benefits, FICA, WC, etc. that is attached to any wage increase.

26. **ISSUE: (submitted by Professional)** Conservatorship: If someone is conserved or someone is requesting to conserve someone, and they do not want to be—there should be a path or an opportunity for an alternative. The basic rule now is that once someone is deemed incompetent in the eyes of the law it is difficult to change that perception and change the persons legal status.

SOLUTION: There should be a rule/law that before conservatorship can be granted that supported people and whomever is making the conservatorship request can show that they have received training and information about alternatives to conservatorship (supported decision making).

***SCDD Side Note:** Along with other agencies, SCDD co-sponsored [AB 1663 \(Maienschein, 2022\)](#).²⁰ This bill creates a less restrictive alternative to probate conservatorships by recognizing *Supported Decision Making* in statute, makes important changes to protect the rights of conservatees and makes it easier to end probate conservatorships.

27. **ISSUE: (submitted by Family Advocate)** Compliance with Home and Community Based Services (HCBS) setting rule, community accessibility and inclusion.

SOLUTION: There should be a law that commercial developments over a certain size (major shopping areas, malls, etc) are required to provide changing stations or upright changing stations for people who are unable to use a commode or bear weight. Currently, only LAX has this in LA County. With the Olympics coming we have a real opportunity to transform LA to make it truly inclusive. A person with this need, for example a woman with CP who lives in an ICF but has frequent UTIs due to incontinence, needs this access, rather than being forced to go home to change every 2-4 hours as is current practice. We cannot achieve meaningful inclusion for all until we start tackling these kinds of access issues.

28. **ISSUE: (submitted by Professional)** The increasing debt that the people we serve tend to get into because they do not understand the complexities of borrowing money and how money can make their financial situation worse.

SOLUTION: I would like to see businesses like Money Tree, Pay Day Loans, etc. unable to do business in California.

²⁰ [California Legislature, Assembly Bill 1663 Protective Proceedings. \(Maienschein, 2022\).](#)

29. **ISSUE: (submitted by Self-Advocate)** That all Regional Centers clients regardless of level of disability with complex medical disorders be allowed to attend any program that offers care and receives money from Regional Centers or DDS.

SOLUTION: Keep programs for adults and children with complex medical needs and autism that cannot work but enjoy socializing and a facility for bathroom needs, instead of restrooms in the park that causes self-humiliation.

30. **ISSUE: (submitted by a Professional)** People with disabilities are more likely to be victims of abuse, neglect, and crime. Although there are numerous agencies (regional centers, protective services, medical providers, law enforcement, social workers, court system, etc.) in place that are supposed to protect this community, people are unable to access needed services, supports, protections in a timely manner because services are disconnected.

SOLUTION: Create a single problem-solver: a crisis manager/advocate that has overarching authority in all agencies, to navigate all agencies and coordinate a response for people and their families.

31. **ISSUE: (submitted by Family Advocate)** There is no place to go with my brother, and many others like him, during emergency evacuations. He requires a "durable environment," which he has in his personalized home. Reasonable accommodations in not only about being wheelchair accessible. During emergency evacuations people with high behavior support needs have no place to go.

SOLUTION: Local and state agencies should include people with high behavior support needs in emergency preparations--that means making spaces that are "durable environments" available during emergencies.

32. **ISSUE: (submitted by Self-Advocate)** A lack of domestic violence and rape advocates who are trained in dealing with men and women who live with disabilities.

SOLUTION: Require domestic violence and rape training programs to train how to help and support men and women who live with disabilities, who have experienced abuse.

Transportation

- 1. ISSUE: (submitted by Professional)** Transportation continues to be a huge barrier for people with intellectual and developmental disabilities, and for those that are unable to drive; they rely heavily on friends, parents (predominately), and paratransit services to get to/from desired destinations, such as work, community activities, to run errands, etc. Transportation becomes even more problematic when (1) parents work full time and/or they are unable to transport their adult child; (2) a person lives in a rural area where paratransit and bus service is near inexistent; (3) a person that lives in an urban/suburban area, but outside of the prescribed bus route, so paratransit services won't pick them up unless they first get to the closest bus route; (4) paratransit services give a 20-30 minute pick up window and for a person with poor/no concept of time and problems with executive functioning, missing the pick-up window is common or you are dubbed a no-show. Three no-shows and you are removed from service.

SOLUTION:

- I. For paratransit services, do not penalize people with documented poor concept of time and executive functioning repeated "no-shows" and cancellation of service, as it is essentially penalizing them for their disability.
- II. Similar to how IHSS is Medicaid Waiver income and not taxable to the parent provider, make transportation expenses for parent providers non-taxable.
- III. (As part of the Regional Center traditional model of service (since not everyone wants to join SDP), offer transportation alternatives such as Uber and Lyft and similar ride sharing options.

- 2. ISSUE: (submitted by Family Advocate)** It is very costly for people with disabilities who are in wheelchairs to have access to transportation services to meet their needs and thrive in their communities. Transportation companies with wheelchair access are not convenient because they are very limited. The cost of owning an accessible vehicle is extremely expensive, over \$70K for an accessible van from Braun Mobility, which many families are unable to afford. One problem is that financial aid (loans) is only available for those people who qualify and can afford to purchase an accessible vehicle. There are only 2 vendors in the US that produce accessible vehicles, Braun and VMI and approximately 12% of the population use wheelchairs. (Note: there are over 40 car manufacturers in the US)

SOLUTION: We need legislation that gives auto manufacturers the ability to include accessible ramps as a standard option when making an automobile purchase. Any auto manufacturer that receives funding from the federal government should have set aside at least 12% of its vehicles be made accessible for people in wheelchairs. If not this, then every manufacturer should have an option to include an accessible feature at an economically viable price

(no more than \$8-\$10k for modifications.) Currently it costs on average \$30k to have a van or car modified to include a wheelchair and there are only two vendors that provide this service- Braun and VMI. They provide the modifications and servicing of these vehicles, which are mostly vans manufactured by Chrysler, Dodge, Honda, and Toyota.

- 3. ISSUE: (submitted by Family Advocate)** Transportation is a significant barrier to living a more independent life, keeping employment, and maintaining social connections. ADA funded transportation options are unreliable and often require hours on a vehicle to get somewhere only minutes away. Federally funded transportation is also tied to being within 3/4 miles of a bus stop, which seem to be cut from routes frequently further reducing access. This lack of reliability and lack of access causes undue stress, social isolation, and reduced access to employment, community resources and education. The lack of meaningfully accessible and reliable transportation also causes parents to quit or reduce work hours so that they can provide reliable transportation. Given the lack of housing, there really are no options to move to increase accessibility.

SOLUTION: The Lanterman Act should be amended to specify that regional centers can pay for individual transportation so that the state funds better options, and so that there is language that enables regional centers to take on this responsibility and possibly be eligible for its own federal and/or grant funding.

- 4. ISSUE: (submitted by Professional)** Airlines need to have seating by their doors that can be adjusted to make room for wheelchairs. When someone who uses wheelchairs, electric or not, they have to have their chairs put in with luggage. When that happens, sometimes they are broken. If busses and trains like Amtrak can make it possible for wheelchair users to be able to stay in their chairs, airlines can do it too.

SOLUTION: Make airline travel more accessible. This is something that disability advocates can brainstorm to find the best solutions and many groups can be involved in that.

- 5. ISSUE: (submitted by Community Member/Professional)** Accessibility and Safety on Public Transportation.

SOLUTION:

- Use more pictures to match words
- Safety button when an incident occurs to alert the driver person needs assistance
- More seats for people with disabilities

- When bus is late, have bigger font for times, audio output, and brail for message
- Bigger windows so people with disabilities so they can see where they are going and see landmarks

* **SCDD Side Note:** The California Commission on Disability Access (CCDA) can also be a good platform to bring up these accessibility issues/solutions. [CCDA's mission²¹](#) is to promote disability access in California through dialogue and collaboration with stakeholders including, the disability and business communities and government agencies. CCDA prepares advisory reports to the legislature and makes recommendations to promote compliance with federal, and state laws and regulations.

6. **ISSUE: (submitted by Self-Advocate)** The lack of transportation options for transportation of dependent people who cannot access traditional Uber or Lyft transportation.

SOLUTION: Work with transportation providers to increase transportation options for transportation of dependent people.

1. **ISSUE: (submitted by Family Advocate)** People with ID being at risk for:

- being taken advantage of - asked to buy alcohol, etc. by minors
- treated harshly or singled out by enforcement (police, customs...) because they don't know the person has a disability and the mannerisms, they may see look suspicious.

SOLUTION: To have a unique recognizable symbol (like the blue wheelchair does for handicap parking) that would be put onto ID, driver's license, passport IF person wants it to be. This would identify them as a person with an intellectual disability and would be a quick way for any enforcement officer to understand that the actions (nervous energy, no eye contact, not typical speech, movements, apprehensive, hard to follow directions being told, etc.) are due to their disability and not defiance, drugs, etc. This should further be added to the swipe information for the identification card.

***SCDD Side Note:** [AB 971 \(Gray, 2021\)²²](#) would have allowed a person to certify with the Department of Motor Vehicles that they have a developmental disability that may make communication with law enforcement officers difficult and that there be some identifier on their driver's license or Identification card. This bill failed in the Assembly Appropriations Committee.

²¹ [CA Commission on Disability Access website, Mission Statement.](#)

²² [California Legislature Assembly Bill 971 Driver's licenses: Developmental disability status. \(Gray, 2022\).](#)

2. **ISSUE: (submitted by Self-Advocate)** Traffic lights for pedestrians.

SOLUTION: Extend the time of pedestrians to cross intersections at traffic lights.

3. **ISSUE: (submitted by Family Advocate)** Having to call 911 because our adult son who has a DD with autism became a violent threat to his and our safety. Police would not 5150 him, and so he was taken to an ER on a medical hold, kept for a total of 3 nights in two different ERs, and then released to his home, still unstable and dangerous. He desperately needed a safe and appropriate hospital or therapeutic environment like a residential treatment facility to assess his medications and not be released until his behavior was stable. Nothing was available.

Background: I work in special education and have often been on the counseling end for parents who described the need to 5150 their children, but had no idea that the medical system, and the Regional Center (RC) system is not set up to support the medical needs of people with significant intellectual disabilities in the middle of a crisis, at least not accessible in Nor Cal. For two nights we were told that the hospital was looking for a bed up and down the state. Because of his ID status, no facility would take him. From RC, we discovered one facility in So Cal that would have been appropriate for treatment, however it was reserved for clients who have repeated hospitalizations, even though our son has a long-documented history of medication management trials every few months when medications stop working. I know of other families who are faced with similar circumstances.

SOLUTION: Make facilities available for short-term and/or long-term care and therapeutic solutions. It is not enough to expect high level Board and Care homes to house people who are going through medical crises. One facility in Southern California is simply inadequate to meet the needs of people across the state. If the argument is that it is not cost effective to build other facilities throughout the state, then existing medical facilities should expand, UCSF, or UC Davis for instance.

4. **ISSUE: (submitted by Family Advocate)** During the high temperature flex alerts and power outages, people with complex special needs are more susceptible to heat stroke and seizures if they do not have access to air conditioning or a cooling center that is open 24 hours. They are faced with serious health risks when there is a black-out and it is too hot.

SOLUTION: There should be 24-hour cooling centers or vouchers to stay at a hotel when this happens. Additionally, all regional centers should make sure that their participants have access to air conditioning, whether it be a window air, a

portable one, or central air. They should note that in their file and call or contact the participant to check in during heat waves that cause blackouts.

Housing

- 1. ISSUE: (submitted by Family Advocate)** Adults with disabilities cannot afford to live in California.

SOLUTION: Adults with disabilities should be able to rent a place that costs less than the SSI payment they receive. Relatives of the disabled should be able to give their disabled relative money for housing, utilities, or food-without disqualifying them from SSI.

* The Housing and Disability Income Advocacy Program (HDIAP) within DSS was established by omnibus bill [AB 1603 in 2016](#)²³ and updated by [SB 80 2019](#)²⁴ to assist people experiencing homelessness who are likely eligible for disability benefits by providing advocacy for disability benefits as well as housing supports. In 2022, SCDD co-sponsored [AB 2547\(Nazarian, 2022\)](#)²⁵ a housing subsidy bill. AB 2547 would have provided a housing subsidy program for older adults and people with developmental and intellectual disabilities who are homeless or at risk of being homeless. The bill idea for this bill submitted by a self-advocate. This bill failed in the Senate Committee on Human Services.

- 2. ISSUE: (submitted by Self-Advocate)** There are not enough housing options for people with disabilities. The current avenues to getting independent living are challenging to navigate. There is no security to keep a place while also having income from meaningful work, and there are simply not enough units to accommodate people. This forces people into homelessness or codependence on family members.

SOLUTION: Build more units predetermined for people with disabilities—look into Single Room Occupancy (SRO) and other dorm style living options. There needs to be units always available, so people do not have to go on multiyear waiting lists or jump through several hoops to qualify. GGRC social workers should help people through this process. There also needs to be supportive housing options for people with disabilities who do not qualify for GGRC services.

- 3. (From Spanish, submitted by Family Advocate)**

²³ [California Legislature, Assembly Bill 1603 Public social services omnibus. 2016.](#)

²⁴ [California Legislature, Senate Bill 80 Human Services Omnibus. 2020.](#)

²⁵ [California Legislature, Assembly Bill 2547 Housing Stabilization to Prevent and End Homelessness Among Older Adults and People with Disabilities Act. \(Nararian, 2022\).](#)

ISSUE: People with I/DD are not respected. Property owners do not want to make their properties accessible. Also working people with I/DD are not protected.

SOLUTION: Fine property owners that do not make housing accessible.

***SCDD Side Note:** Current state and federal laws require landowners to make their properties accessible and protects tenants from discrimination. California law already fines property owners that do not make properties accessible. See [Enforcing State Fair Housing Laws](#).²⁶ With laws already in place, perhaps this can be seen as an enforcement issue.

4. (From Spanish, submitted by Family Advocate)

ISSUE: I have two children with autism. We live in an apartment with no air conditioning. Their skin condition is aggravated by the heat. The property owner will not allow me to put an air conditioner in my apartment because she says the building is too old and has outdated electrical wiring. The property owner said that if I want to complain about it, I should leave the apartment.

SOLUTION: Allow me to use air conditioning window unit if there is no central air conditioning in apartment.

***SCDD Side Note:** Tenants in California have a right to live in safe, habitable rental units, including having electrical wiring maintained in good working order.²⁷

5. ISSUE: (submitted by Professional) Economic self-sufficiency for the developmentally disabled.

SOLUTION: Automatically combine SSI and Section 8 Housing for people with developmental disabilities.

6. ISSUE: (submitted by Self-Advocate) Homelessness, mental illness, meaningful jobs for everyone who wants one, education options, transportation, choices for independent living, and voting information easier to access.

SOLUTION: Talk to the Mayor and see what we can do to solve homelessness. Get cleaning crews to clean up the messy streets.

7. ISSUE: (submitted by Family Advocate) Respite services are designed to give the parents a break, however respite services provided only in the home further isolate a person with disabilities.

²⁶ [CA Civil Rights Department website, Enforcing CA State Fair Housing Laws.](#)

²⁷ [CA Civil Code 1941.1.\(a\)\(5\) Habitable Dwellings](#)

SOLUTION: Respite services should be allowed at any location where there is a respite provider available whether in the respite providers home or out in the community. Further isolating the person has had terrible mental health consequences.

8. **ISSUE: (submitted by Family Advocate)** Temporary housing for people when their caregiver needs surgery or a mental health break.

SOLUTION: Establish temporary housing or weekend respite outside the home when caregiver needs surgery or mental health break.

Health

1. **ISSUE: (submitted by Self-Advocate)** How to pay IHSS workers a living wage (including benefits), how to raise MediCal provider rates (including dental), and how to fund services for people with I/DD without having money come from the general fund. How to expand MediCal services to allow recipients to access to acupuncture, acupressure, chiropractic, podiatric, getting eye glasses from places other than the PIA, allow community clinics to provide reproductive care services, and allow people with I/DD greater access mental health care services to the same extent that they are able to access general healthcare services. Relying on the General Fund would leave the DD system and MediCal vulnerable to future cuts depending on future administrations and legislators' priorities.

SOLUTION: Ensure budget for I/DD community and expand medical support services by levying a tax on commercial managed care plans in order to set up a fund for MediCal (and IHSS) and DDS services/Initiatives.

2. **ISSUE: (submitted by Family Advocate)** Lack of equal access and inclusion in city/local recreational opportunities in parks and recreation for people with I/DD. Currently, most activities are held through nonprofit organizations. Most of the nonprofit organizations don't always have the best interest of the child and are very political or selective as to who they cater to.

SOLUTION: For every city to offer recreational activities and sports programs for people with I/DD, (versus through nonprofit organizations). Just like they offer after school programs, sports, and activities for neurotypical kids, it would be nice if they offered programs that are accessible to children with different abilities. If the cities have programs in place, our loved ones with different abilities would have more access, would have more opportunity, and health wouldn't be as compromised due to a lack of physical activity. They would also feel included and welcomed in the cities where we the parents' pay taxes and contribute to the economy.

3. **ISSUE: (submitted by Self-Advocate)** A lack of day programs for seniors who have I/DD but want to participate in part time day program activities.

SOLUTION: Ensure availability of more day programs to offer participants part time attendance options.

4. **ISSUE: (submitted by Self-Advocate)** Lack of scales in medical care facilities for people who have disabilities.

SOLUTION: Require medical care facilities to have scales for people with disabilities.

5. **ISSUE: (submitted by Self-Advocate)** A lack of access to mobile mammogram machines and breast cancer treatment and care if you have to get a mammogram or chemotherapy treatment for breast cancer.

SOLUTION: Require mobile mammogram buses to be lift equipped so that wheelchair using women can get mammograms and women who live in rural communities can get access to chemotherapy treatment without having to travel long distances.

6. **ISSUE: (submitted by unidentified)** People with developmental disabilities being released from psychiatric hospitals with no support in place.

SOLUTION: Hospitals should keep the patient there until care is able to be established.

7. **ISSUE: (submitted by Family Advocate)** Why can't we get Explanation of Benefits (EOB's) from Medi-Cal and why is it so difficult to have a point of contact at Medi-Cal that can resolve our Medi-Cal problems?

SOLUTION: Have Medi-Cal start sending us EOB's and have Medi-Cal provide knowledgeable staffing to answer and solve problems.

8. **ISSUE: (submitted by Self-Advocate)** Inadequate funding for women's healthcare, especially, if they have developmental or intellectual disabilities.

SOLUTION: Increase funding for women's healthcare for women who have I/DD.

9. **ISSUE: (submitted by Family Advocate)** Adults and children with Prader-Willi Syndrome living in homes/group homes/residential programs where food is not secure because an existing law prevents the refrigerator and cupboard from

being locked. People with Prader-Willi Syndrome do not feel full and are driven to get food. They can die from ingesting food and nonfood items.

SOLUTION: Allow the food to be secured with locks in any home where a person with PWS resides.

10. **ISSUE: (submitted by Family Advocate)** There has been a historic lack of qualified Applied Behavior Analysis (ABA) therapists to work with children and adults with severe autism. Board Certified Behavior Analysts (BCBAs) who have the most training become administrators while uncertified staff with very limited experience are implementing the programs for clients with autism with a severe lack of supervision.

SOLUTION: There should be a law that requires BCBAs to provide direct 1:1 therapy for at least 20 hours a week and clients should receive direct 1:1 therapy from a certified BCBA for 50% of their program.

11. **ISSUE: (submitted by Family Advocate)** Insurance companies are discriminating against people with autism who are adults. California insurance companies only pay for applied behavior analysis until a person with a diagnosis of autism is 18. My son is 26 and benefits greatly from applied behavior analysis (ABA). His diagnosis did not end when he turned 18, so why does insurance stop coverage of these services?

SOLUTION: Stop discriminating adults on the autism spectrum due to chronological age. Make ABA coverage for autism have no age limit.

12. **(From Spanish, submitted by Family Advocate)**

ISSUE: People with autism experience anxiety from sensory overload and can suffer from having to wait so long in hospital waiting areas.

SOLUTION: (a) There should be a separate waiting area that has less noise and different materials to avoid sensory overload. (b) Parents with children with developmental disabilities should have training and assistance in how to advocate for their children, to help navigate all the services. There are way too many challenges and obstacles to obtain needed services.

Education

1. **(From Spanish, submitted by Family Advocate)**

ISSUE: students fall behind, and consequently (correlation) are a high percentage of prison inmates, when they are separated from their peers in classrooms or when classrooms are not inclusive.

SOLUTION: In schools- Do not separate young children prek-3rd grade from regular classrooms.

***SCDD Side Note:** Senate Bill [SB 1113 \(Ochoa-Bogh, 2022\)](#)²⁸ was supported by both Assembly and Senate houses but was vetoed by Governor Newsom for possibly containing duplication of services and recommended the author rewrite the bill. SB 1113 would have, among other things, promoted inclusion in school classrooms by requiring the California Department of Education (CDE), to develop guidance on staffing inclusive classrooms and make recommendations for changes necessary to remove barriers for inclusion.

2. **(From Spanish, submitted by Family Advocate)**

ISSUE: To be able to request independent evaluations for children in schools, without being retaliated against.

SOLUTION: Ensure funds from the state can be used for this type of service if parents want it.

3. **ISSUE: (submitted by Self-Advocate)** Currently, people with disabilities who cannot pass all the required A-G high school courses without accommodations and modifications are on track to get a certificate of completion and NOT a diploma. This is a barrier for continuing higher education, employment, and other career enhancing opportunities. All students who complete 4 years of high school should get a diploma.

SOLUTION: For schools to provide two types of diplomas, i.e. one that is standard and for anyone, and another for use to 4 year colleges and universities.

***SCDD Side Note:** See: [Pathways to High School Diploma- Legislative Report.](#)²⁹ The Alternate Pathways to High School Diploma (Alt Pathways) Workgroup was created and charged with making recommendations to state policymakers to create alternate pathways to a high school diploma for students with developmental disabilities. The workgroup concluded that instead of creating a set of new alternate pathways the state should increase access to the full range of pathway options already provided all students. This includes better access and support for students with disabilities to meet existing state and local requirements for earning a regular diploma and warned against creating separate pathways that could perpetuate exclusion of students with disabilities in higher education

²⁸ [California Legislature, Senate Bill 1113 Special education: inclusive education: universal design for learning \(Ochoa-Bogh, 2022\).](#)

²⁹ [State County Office of Education \(SCOE\) Special Education Workgroup Reports website, Pathways to High School Diploma Report, October 2021.](#)

opportunities. It is not clear how/when policymakers will use the recommendations.

4. **ISSUE: (submitted by Self-Advocate)** Have certificates and attendance be recognized for entry level jobs and community colleges.

SOLUTION: Make it a law that employers and education establishments can't make decisions/discriminate based on only accepting high school diplomas and ignoring certificates of completion.

5. **ISSUE: (submitted by Self-Advocate)** Stigma towards students with disabilities in higher education

SOLUTION: Everyone be treated equally

6. **ISSUE: (submitted by Family Advocate)** Two legal cases in the state, [Ella T. v. State of California](#),³⁰ [Student A. et al. v. Berkeley Unified School District](#)³¹, (and several federal cases) have gleaned literacy disproportion in schools, including students with learning disabilities being affected.

SOLUTION: Ensure the rights of I/DD (People with Developmental Disabilities) community to have equal access, equity and full inclusion to literacy in schools by allocating funds.

7. **ISSUE: (submitted by Family Advocate)** The low rate of diplomas for special needs students is currently being reviewed by the CA Department of Education via the "Pathways to a High School Diploma" workgroup. The focus seems to be on the creation of more opportunities through K-12 LEA's instead of community colleges. This exploration may be too limited in scope as many people have already exited the K-12 districts and have limited to no other options to pursue their diploma.

SOLUTION: Discussion should be expanded to the Donahue Act so that every community college is required to include as part of its adult education division a special ed track with instructional support as needed, that enables individuals to complete their credits for high school diploma whether it takes 2 years or 20 years. Adult Transition Programs (ATP) typically do not have access to courses to help I/DD students complete their credits. An amendment of the Donahue

³⁰ *Ella T. v. State of California* (Super. Ct. Los Angeles County, 2017, No. BC685730.) See also: [Ed Source.org](#), "[Lawsuit settlement results in \\$50 million for reading programs in California schools](#)," Carolyn Jones. February 21, 2020.

³¹ [Justia US Law website, Student A et al v. Berkeley Unified School District et al, No. 3:2017cv02510 - Document 75 \(N.D. Cal. 2017\)](#).

Higher Education Act would provide more options to people with I/DD to complete credits and earn diplomas, as well as enhance access to community college campuses by offering special education.

8. **ISSUE: (submitted my Family Advocate)** Students with developmental disabilities leave their K-12 districts and Adult Transition Programs (ATP) without comparable learning opportunities than their non-disabled peers have to pursue higher education opportunities. It is unclear why special education is not required at our publicly funded institutions so that those with I/DD have the same opportunities to participate in community colleges and 4-year universities. Higher education provides an important opportunity for social maturation as well as the development of academic and critical reasoning skills. The failure to offer these opportunities essentially requires those with I/DD to suddenly enter an adult world without having the benefits of a college education. The lack of this opportunity also impacts families who have spent substantial time and resources without a break to support their family members through IEP's, doctors, therapies and more. The disparity in meaningful postsecondary education options isolates people with I/DD once they exit their K-12 districts and ATP programs requiring them to often have reduced community and employment options.

SOLUTION: Amendment of the Donahue Higher Education Act. Every publicly funded community college and 4-year university should be required to provide special education courses that are outcome, diploma or certificate driven to enable those with developmental disabilities to have meaningful access to postsecondary education. Accommodations provided through disability services to access general education curriculum and courses is only of value if the person is "high enough" functioning to access the general education curriculum and courses. If each publicly funded higher educational institution were required to provide special education tracks that included smaller ratios that taught functional skills as well as vocational skills, even if families had to pay for it, then college campuses would have more meaning than the few options offered by most of these institutions. Does special education cost more? Yes, but on a day-to-day basis does it cost that much more than all the support services the state is currently providing?

***SCDD Side Note:** In 2021-2022, SCDD supported [AB 2920 \(Arambula\)](#)³² which would have established and expanded inclusive college programs for students with I/DD on public 4-year university campuses, hoping to increase the wage-earning capacity of people with I/DD. The bill failed in the Assembly Appropriations committee.

³² [California Legislature, Assembly Bill 2920 Postsecondary education: students with disabilities: inclusive college pilot programs. \(Arambula, 2022\).](#)

9. **ISSUE: (submitted by Family Advocate)** Sensitivity and awareness of developmental disabilities.

SOLUTION: Create and include educational content on disabilities into the academic curriculum in public schools.

10. **ISSUE: (submitted by Self-Advocate)** Accessibility Higher Education: Increase access to on-campus housing accommodations for college students who are wheelchair users.

SOLUTION: Strongly encourage colleges and universities to increase the number of wheelchair accessible dorms on campuses mixed with other dorms.

11. **ISSUE: (submitted by Self-Advocate)** Increase the number of high school graduates with developmental and intellectual disabilities.

SOLUTION: Get rid of the senior project requirements that most students who have disabilities cannot complete.

***SCDD Side Note:** Certificates versus Diplomas- this is an ongoing debate with differing opinions on either side of the aisle. On the one hand, some might argue that if you change requirements for a diploma, it is no longer a “diploma”. While arguments against certificates is that they are not recognized by employers, limiting equal employment or equal pay opportunities, as well as remove opportunities to higher education.

13. **ISSUE: (submitted by Professional)** Public school students with Individual Education Plans IEP who continue past high school are not considered diploma track and therefore earn certificates of attendance or completion from their district schools. Because they are not earning a high school diploma, many students are unable to access future work or education opportunities. Without a diploma or GED, many students are unable to enter entry-level jobs that lead to successful careers, earn associate degrees from community colleges or most trade jobs.

SOLUTION: My solution would be for mandating that community colleges, non-college jobs and trade schools accept certificates of completion for students who graduate from adult transition schools at age 22.

14. **ISSUE: (submitted by Family Advocate)** Teachers making inadequate comments to students/ not implementing the IEP.

SOLUTION: Having cameras in classrooms where parents can access live streaming or have access to recordings.

15. **ISSUE: (submitted by Professional)** There needs to be more significant equity in tech training and accessibility to staff and students.

SOLUTION: The law should require the building and maintenance of technology infrastructure that is accessible to all. Everyone should have access to free Wi-Fi. Everyone should receive training in how to use technology for education and work. Staff must be adequately trained in tech to pass skills on to students.

16. **ISSUE: (submitted by Family Advocate)** Assaults on non (or minimally) verbal children with disabilities.

SOLUTION: Mandatory cameras in classrooms and campus.

Public Safety

1. **(From Spanish, submitted by Family Advocate)**

ISSUE: People with I/DD should not be tried in the criminal justice system as regular adults. For example, a 25-year-old adult with autism can possibly only have the mental capacity of a 5-year-old child.

SOLUTION: Create a law that prohibits people with I/DD to be tried in criminal cases the same as a non-I/DD person.

2. **ISSUE: (submitted by Family Advocate)** [AB 2017 \(Mathis, 2022\)](#)³³ would have extended an exception to the hearsay rule for minor children with developmental disabilities 12 years of age and over.

SOLUTION: Children with developmental disabilities under the age of 12 years should also be included in the extension to the exception to the hearsay rule to protect children with developmental disabilities from abuse.

***SCDD Side Note:** Current law allows hearsay for children under the age of 12 years in cases of abuse in certain circumstances and hence encompasses any child, disabled or not. See SB 355, Statutes of 1995, Chapter 87, [Evidence Code §§ 1253, 1360 \(new\); § 767 \(amended\)](#).³⁴ AB 2017 failed in the Assembly Public Safety Committee.

³³ [California Legislature, Assembly Bill 2017 Evidence: hearsay: exceptions. \(Mathis, 2022\)](#).

³⁴ [Evidence Code §§ 1253, 1360 \(new\); § 767 \(amended\)](#).

3. **ISSUE: (submitted by Family Advocate)** I hope we can solve the problem with the police and other public agencies that don't have empathy for our special need kids.

SOLUTION: I hope police can be trained with parents or with the self-advocate so they can learn directly from the families who live this.

***SCDD Side Note:** [SB 882 \(Eggman, 2022\)](#)³⁵ creates an advisory council within the Department of Justice to evaluate interactions between law enforcement officers and people with intellectual and developmental disabilities.

See also: [AB 1947 \(Ting, 2022\)](#).³⁶ This bill would have required, among other things for local law enforcement agencies to adopt a hate crimes policy. This bill failed in Assembly Appropriations Committee.

4. **ISSUE: (submitted by Self-Advocate)** Sometimes people with mental illness commit serious crimes.

SOLUTION: If people with gravely disabled mental capacities commit heinous crimes, those mentally ill criminals deserve mental health treatment instead of jail time.

*Need to check criminal law background on this...

5. **(From Spanish, submitted by Family Advocate and in English by a Professional)**

ISSUE: Too often you see on news of children with intellectual disabilities having problems with police/discriminatory and unfair treatment by police.

SOLUTION: (Spanish) Children with intellectual disabilities that are not verbal and have trouble communicating should be taught police awareness in schools. Maybe they can have police visit the schools and interact with the children with intellectual disabilities. For example, if there is an emergency at the school, children with intellectual disabilities might not understand who the police are and that they need to put their hands up. Police awareness and interaction should be part of IEP—part of preparation for kids in schools.

SOLUTION: (English) 1. Mandatory Training for police officers. 2. DMV card that identifies I/DD diagnosis.

³⁵ [California Legislature, Senate Bill 882 Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement. \(Eggman, 2022\).](#)

³⁶ [California Legislature, Assembly Bill 1947 Hate crimes: law enforcement policies. \(Ting, 2022\).](#)

6. **ISSUE: (submitted by Self-Advocate)** Nonprofit organizations specifically churches, are unregulated unlicensed and uninsured. In my community there is reports of child abuse, psychological abuse, money laundering, abusive pastors, and church leaders. The victims fear retaliation and being shamed by their community so they will not report the abuse. Besides whom will ever believe the victim if the perpetrator is the pastor, or a church leader loved and respected by the community?

SOLUTION: Create a board that oversees nonprofit organizations specifically churches. These organizations should be regulated, licensed, and insured just like any other business. CSLB requires fingerprinting and background checks to get a license and start a business. Pastors, church leaders, nonprofit organizations, and CEOs in general should also be required to pass a background check to be able to start or be hired by a nonprofit.

***SCDD Side Note:** SCDD is currently building a diverse and broad statewide coalition “**Safety for All**” that will focus on solving abuse and neglect issues in the disabilities and aging communities. Through its Legislative and Public Policy Committee (LPPC) meetings in 2023, SCDD will work on identifying issues and solutions for abuse in the disabilities and aging community. To attend or participate in LPPC meetings, please visit SCDD website at: [SCDD Legislative and Public Policy Committee Website - LPPC Meetings](#)

Other

1. **ISSUE: (submitted by Family Advocate)** Too many laws and conflicting laws.

SOLUTION: No laws shall be passed until every single law has been visited by legislators to review their current need and viability, and whether they conflict with other laws.

2. **ISSUE: (submitted by Self-Advocate)** How the perception of people with all kinds of disabilities are not taken seriously by the Neurotypical people and their families! There is a disconnect between the people with the disabilities and their families and how we are treated even within our own families.

SOLUTION: To get more interaction between the families who think they acknowledge their siblings with disabilities and how they think about us as a diverse group.

3. **ISSUE: (submitted by Professional)** Lack of accessibility to be active in community meetings.

SOLUTION: Allow Zoom participation to be an acceptable alternative for persons with disabilities to participate, instead of requiring actual physical presence.

Federal Bill Ideas

1. **ISSUE: (submitted by Family Advocate)** Social Security Administration (SSA) requests documentation for either redetermination of SSI eligibility or for a regular review. SSA cannot accept email or uploaded PDFs of the information they requested. Currently, one needs to print and mail the information. This is a waste of many assets: trees, printer ink, time as well as it is costly to mail large amounts of information and can potentially increase the risk of identity theft by putting this information into the United States Postal Service mail system.

SOLUTION: For SSA to update their processing systems to allow people to provide/upload information online.

2. **ISSUE: (submitted by Self-Advocate)** Increase social security benefit amounts for disabled adult child recipients so that they can afford housing choice voucher housing.

SOLUTION: Increase social security benefit amounts all at once instead of having a small increase every year that does not benefit beneficiaries in the long term.

3. **ISSUE: (submitted by Professional)** The problem of people with developmental disabilities not accepting housing in a care home or family home agency because they do not want to 'give up' their SSI. The regional center quotes a rate to a vendor that a portion of it has to be collected from the person or representative payee from the care provider, versus the regional center paying the provider directly for the entire rate. So, this puts the burden on the vendor to accept not getting the full amount or having a good boundary and only accept people that agree to or are able to pay the SSI portion of a rate.

SOLUTION: Streamline SSI monies to be filtered through the regional center so care providers get paid regardless of their referrals' financial issues. So, when you opt to live in a care home or FHA model, your SSI automatically goes to the regional center who pays the vendors for the service. Regional centers write purchase of services for many things, but many people are left homeless because of not understanding why they must relinquish their SSI to be supported in a care model versus independent or supported living. The State would probably save a lot of money to do this (pay the vendor the full rate directly) versus pay a representative payee who just pushes the money through versus any money management they typically dump on the residential provider.

Some bill ideas were slightly edited for clarity and/or condensed to minimize reader time.

Not all bill idea submissions were included in this report. Submissions not included did not provide a clear problem and solution.



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