



SERVICES AND SUPPORTS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IN CALIFORNIA

A Briefing Paper for
Governor Jerry Brown

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Disabilities

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“The State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge.”

INTRODUCTION

Welfare and Institutions Code, Division 4.5, Chapter 1-14 and Division 4.7 establishes California’s commitment to providing services and supports to individuals with developmental disabilities in order that they may to approximate the pattern of everyday living available to people without disabilities of the same age, make choices in all life areas, have opportunities to be integrated into the mainstream of life in their home communities, and be more independent and productive. This division is commonly known as the Lanterman Developmental Disabilities Services Act (Lanterman Act).

WHO ARE INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES?

In California, individuals with developmental disabilities are those whose disability originate before age 18, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. This includes people with mental retardation, cerebral palsy, epilepsy, and autism, as well as individuals that have conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature.¹ The system also serves infants and toddlers (age 0 to 36 months) who are at risk of having developmental disabilities or who have a developmental delay.²

Currently, California serves approximately 250,000 individuals meeting this definition, and provides services and supports to families of infants, children and adults who live in their family homes.

GUIDING PRINCIPLES

The system of services and supports for persons with developmental disabilities in California functions under a set of guiding principles that are used to measure both the direction and outcome of activities and developments throughout the system to keep the system focused and effective. These principles are reflected in the statutory scheme of the Lanterman Act, through

¹ California Welfare and Institutions Code, section 4512(a)

² California Government Code, section 95014

the establishment of individual rights, the individualized program planning process and delivery of services under the Act. These guiding principles are that individuals with developmental disabilities and their families:

- Make informed choices and decisions about their lives;
- Live in homes and communities in which they can exercise their full rights and responsibilities;
- Pursue meaningful and productive lives;
- Contribute to their families, communities, State, and Nation;
- Develop and maintain independent relationships and friendships with other persons;
- Live free of abuse, neglect, financial and sexual exploitation and/or violations of the legal, civil, service or human rights; and
- Achieve integration and inclusion in society, in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities and capability of each individual.

PRIORITY ISSUES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

During the development of local area board strategic plans, hundreds of individuals, families, providers, friends, and interested persons provided input identifying the priority issues that need to be addressed by the new administration in collaboration with the people and service and support system. These are:

Employment- People with developmental disabilities are significantly under or not employed. Although data reflects that 13% of this population is working, the vast majority of that work is not in gainful (making at least minimum wage) and integrated (working in settings where the majority of employees do not have disabilities) settings. While State government needs to improve and reflect leadership in the hiring of people with developmental disabilities, the vast majority of employment opportunities is in the private sector and requires the cooperation and collaboration of private sector to become a real option to this population. The outcome of increasing job opportunities for people with developmental disabilities will be an increase in taxpaying individuals and a reduction in reliance on public social services, thus costs to the taxpayer.

Consumer/Family Directed Options- People with disabilities and their families are best suited to identify and understand their unique needs and how best to address those needs. Rather than force people to select from a menu of services and supports, California should develop options for self-determination/individual choice budgeting that provides resources for consumers and families to use in securing the services and supports that best meet their needs and reduce reliance on public social services.

Housing- California must continue to enhance community integrated living options for people with developmental disabilities through improved access to housing subsidy programs; neighborhood education to reduce discrimination; and development of affordable, accessible, and sustained housing options.

Self-Advocacy- People with developmental disabilities must be given the opportunity and support to assume their rightful leadership in the system and society. This can be enhanced through training, use of plain language materials, support and inclusion in public-policy-making activities.

Inclusion- People with developmental disabilities must have access to community opportunities such as recreation, education, and socialization. To increase these opportunities, sites must be accessible and programs adapted to accommodate this population. Local services must be encouraged and expected to outreach to this population, thus reducing their reliance segregated/expensive options.

Education- The federal Individuals with Disabilities Education Act (IDEA) requires that children with disabilities be provided with free appropriate public educational services that prepare them for further education, employment and independent living. The range of services under the Act includes early intervention and related services needed to allow the child to benefit from the educational instruction. Regulations implementing the Act state that "...to the maximum extent appropriate, children with disabilities including children in public or private institutions or care facilities, are educated with children who are *nondisabled*; and special classes, separate schooling or other removal of children with disabilities from regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."

California continues to educate some students with disabilities in segregated settings, thus reducing their potential for a fully included life as well as ability to move forward to post-secondary education

opportunities that have few, if any, segregated settings. Inclusion impacts both the student with disabilities to provide them the opportunity and skills to live in society; as does it educate other students and their families about the strengths of people with disabilities and their rightful place in society. Ultimately inclusion will change attitudes, thus remove discrimination. California needs to hold educational agencies accountable for implementing both the letter and the intent of the law.

Health Care- As California moves increasing toward the use of managed care to provide services to people on Medi-Cal, it is the State's obligation to assure that those impacted have access to plain language information that allows them to make informed decisions about their health care; and to assure that in the transition to managed care, services are at least the same or better than current experienced under the fee-for-service Medi-Cal delivery system and have choices as to who delivers their services.

California must recognize that, like all people, individuals with disabilities have co-existing health needs, including the need for mental health treatment services that are not a result of their disability, thus must receive treatment.

Finally, there is very little attention to women's health issues among health care for individuals with disabilities. There is an assumption that because of the disability, that women do not experience the same health issues as the general public, thus routine women's care is not addressed in an equitable manner.

Transportation- Access to transportation is essential to the education, employment and inclusion of individuals with disabilities, yet in many parts of California, available/accessible transportation remains elusive. While paratransit options exist, they often do not operate at night or on weekends, thus limiting employment, living and socialization options which serve to increase reliance on segregated services and supports at greater expense to taxpayers. People with disabilities must be part of local policymaking around transportation options in order to assure their needs and perspectives are heard and addressed. Mobility training should be a standard program among public transportation providers, thus increasing the ability of people with disabilities to use public transportation without reliance upon paid supports as opposed to supports from the transit provider.

Victims of Crime- Individuals with developmental disabilities experience a greater rate of victimization than other parts of society with a concomitant lower rate of prosecutions for the crimes committed against them. While understanding that the quality of any prosecution is

related to the quality of victim and witness information, there exists an attitude that individuals with developmental disabilities cannot actively and meaningfully participate in court issues, thus crimes against them are often not prioritized or overlooked. The law enforcement and the judicial systems need training in how to identify and pursue cases involving crime victims with disabilities and must provide the same level of due process protections to these victims as with all other people. Concurrently, individuals with disabilities need to be trained and supported in how to avoid becoming victims of crime and to understand how their participation in the identification and prosecution phases impact the outcome.

Quality of Services and Supports- A \$4 billion dollar commitment from the State of California must come with assurances that the taxpayer monies are be used as envisioned in law and to achieve outcomes needed for individuals with developmental disabilities and their families. Outcomes and satisfaction need measured through a variety of approaches that involve individuals, families, service providers, and regional centers/developmental centers and need to be followed with either individual or systemic recommendations for changes where outcomes or satisfaction is inadequate.

System Transparency/Oversight and Accountability- While the overall design of the developmental services system in California is meant to be responsive and accountable to individuals and families through local implementation, the growth of the system over the past 40 years has created a need for additional transparency to the public and oversight and direction by the State of California. The design of this increased transparency and oversight should be developed collaboratively with the system partners to assure a collective understanding of the purpose, authority, and the tools to be used in the process and what actions to any negative outcomes could be expected.

Leadership- As with all new administrations, positioning of leadership is a key element to successful service delivery of services and accountability for the use of public funds. The elements of leadership desired in the developmental services system by the Council are: (1) collaboration with all parts of the system in a equitable manner; (2) willingness to recognize and address concerns; (3) knowledge about and commitment to individuals and their families as the core reason for the system to exist; (4) innovative and supportive of system change toward the improvement of outcomes and satisfaction; (5) honesty; and (6) accountability.

SYSTEM OF SERVICES AND SUPPORTS

The State of California has a commitment to provide services and supports to individuals with developmental disabilities throughout their lifetime. Services and supports are provided through a combination of federal, state, county and local government services, private businesses, support groups and volunteers. Following is an outline of the major elements of the system:

Department of Developmental Services/Regional Centers/Developmental Centers

The Department of Developmental Services (DDS) is the state department through which the services and supports are funded and provided to individuals with developmental disabilities. Services are provided through state-operated developmental centers and community facilities, and contracts with 21 nonprofit regional centers. The regional centers serve as a local resource to help find and access the services and supports available to individuals with developmental disabilities and their families. They provide diagnosis and assessment of eligibility and help plan, access, coordinate and monitor the services and supports. There is no charge for the diagnosis and eligibility assessment. Once eligibility is determined, most services and supports are free regardless of age or income.

Infants and toddlers who are at risk of having developmental disabilities or who have a developmental delay may also qualify for services. In addition, individuals at risk of having a child with a developmental disability may be eligible for genetic diagnosis, counseling and other prevention services.

State Council on Developmental Disabilities

The State Council on Developmental Disabilities (SCDD) is established by state and federal law as an independent state agency to ensure that people with developmental disabilities and their families receive the services and supports they need. SCDD is uniquely composed of individuals with a developmental disability, parents and family members of people with developmental disabilities, and representatives of State agencies that provide services to individuals with developmental disabilities. SCDD consists of 31 members appointed by the Governor, with individual and family consumers representing a minimum of 60 percent of the membership. SCDD implements much of its services through the offices of the Area Boards on Developmental Disabilities. The Council's Area Board Offices are located throughout the state.

Federal law requires the Council to identify ways to improve and increase services for individuals and their families, and to submit these to the federal government in the form of a State Strategic Plan on Developmental Disabilities. This Plan identifies priority areas for improving and increasing services and supports for individuals and their families. The Plan addresses specific

information required by federal law within specified priority areas, and includes the Council's determination of California's priority issues and resulting Council goals and objectives for the time period covered by the Plan. Much of the Plan is developed by input from the community and implemented via the Council's Area Boards on Developmental Disabilities.

Councils on Developmental Disabilities are established in each state through the federal Developmental Disabilities Assistance and Bill of Rights Act. The Act also creates other federal partners: state protection and advocacy systems, university centers for excellence, and projects of national significance.

Disability Rights California (formerly Protection and Advocacy Inc.)

Disability Rights California (DRC) is a nonprofit agency working since 1978 to advance human and legal rights of Californians with disabilities. DRC provides legislative advocacy, files class-action court suits and collaborates with other groups.

DRC strives to create a barrier-free, inclusive society that values diversity and each individual. DRC's services are available throughout the state and they assist tens of thousands of people with disabilities each year.

DRC has more than 200 staff and Board members with a wide array of legal and advocacy expertise. DRC has developed innovative programs for Californians with developmental, psychiatric, sensory, learning and physical disabilities and they collaborate on the state and federal levels with other advocacy groups throughout the U.S.

University Centers for Excellence in Developmental Disabilities (UCEDD)

California currently has three University Centers for Excellence in Developmental Disabilities which collaborate with individuals with developmental disabilities and their families to improve quality of life and community inclusion. UCEDDs accomplish these goals through advocacy, community partnerships, interdisciplinary training, and the translation of research into practical applications.

- The USC University Center for Excellence in Developmental Disabilities (USC UCEDD) at Children’s Hospital Los Angeles strives to create community-based, culturally-appropriate systems of care centered on individuals and families. Services include:

 - Clinical Services;
 - Diagnosis and Evaluation;
 - Feeding Development;
 - Behavioral Pediatrics;
 - Community Mental Health;
 - Learning Abilities Program;
 - Community-Based Programs;
 - Individual, Family and Community Capacity Building;
 - Prevention and Early Intervention; and
 - Cultural Competence.

- The Center for Excellence in Developmental Disabilities (CEDD), MIND Institute (Medical Investigation of the Neurodevelopmental Disorders) on the UC Davis Medical Center is internationally known for research and medical training. The CEDD brings added dimensions to the MIND Institute, including consumers’ perspective, expanded training, and more focus on community partnerships and sharing of information with consumers, parents, and non-medical professionals. Services include:

 - Training for health professionals in screening, assessment and treatment;
 - Continuing education and networking opportunities for the community of early intervention practitioners;
 - Partnering with state agencies and advocacy groups;
 - Triumph Preschool;
 - Assistive Technology Consortium;
 - Assistive Technology research;
 - Self and family-advocacy;
 - Interdisciplinary, pre-service training;
 - Neurodevelopmental Disorders Clinic;
 - Feeding Recovery Clinic;
 - School-based Telehealth Clinic; and
 - Reducing Health Disparities Initiative / Focus on Southeast Asian Immigrants.

- The Tarjan Center is a bridge connecting the knowledge, expertise and resources of the university to persons with disabilities and the service delivery systems of the community. The mission is to provide leadership in education, research and innovative practices to support the quality of life and inclusion of all people with disabilities and their families. Main activities currently include:

Supporting children, young adults and adults with developmental disabilities and mental health, and physical health needs;

Forging new alliances between individuals with disabilities, agencies and policymaking bodies;

Expanding the arts and cultural community's capacity to include individuals with disabilities and support opportunities for individuals with disabilities to pursue careers in the arts;

Facilitating the active engagement of people with disabilities as service members and volunteers in all levels of national and community service; and

Examining the impact of national and state policies on people with disabilities and their families.

Department of Rehabilitation

The Department of Rehabilitation (DOR) works in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living and equality for individuals with disabilities. It delivers effective vocational rehabilitation services, and other programs and services in an efficient, caring, professional, and prompt manner as well as services regarding telecommunications, sensory and other technological aids and devices, as well as rehabilitation engineering services to customize and adapt equipment and devices.

DOR offers many services to assist consumers to reach their employment goal. Services include, but are not limited to:

- Counseling and guidance,
- Referrals and assistance to get services from other agencies,
- Job search and placement assistance,
- Vocational and other training services,
- Evaluation of physical and mental impairments,
- On-the-job or personal assistance services,
- Interpreter services,
- Rehabilitation and orientation/mobility services for the deaf and the blind,
- Occupational licenses, tools, equipment, initial stocks, and supplies,
- Technical assistance for self-employment,
- Rehabilitation assistive technology,
- Supported employment services,
- Services to the family,

- Transportation as required, such as travel and related expenses, that is necessary to enable you to participate in a vocational rehabilitation service.

Department of Education

The Department of Education has primary responsibility for educational services for persons with developmental disabilities. Services for infants through adults are provided pursuant to the federal Individuals with Disabilities Education Act (IDEA).

Department of Health Care Services

California's version of the federal Medicaid program, known as Medi-Cal, is administered by the Department of Health Care Services (DHCS). Medi-Cal is intended to provide medical/health care for low income Californians who otherwise would not have access to services. Those eligible may receive a variety of health and dental services and related supports (i.e. durable medical equipment and medical transportation).

Department of Social Services

The Department of Social Services (CDSS), among other things, is charged with the administration of the federal Supplemental Security Income/State Supplemental Program (SSI/SSP). The SSI/SSP program provides eligible people who are aged, blind or who have disabilities, with grant payments intended for basic needs and living expenses.

In addition to administering the public assistance program, the CDSS provides a number of services that impact the lives of individuals with developmental disabilities and their families. These include: foster care; Adoption Assistance Program (financial assistance designed to encourage and promote the adoption of special needs children); child abuse prevention; in-home supportive services; and community care facility licensing.

Department of Public Health

The mission of the Department of Public Health (DPH) is to optimize the health and well-being of the people in California, primarily through population-based programs, strategies, and initiatives. DPH's goals are to achieve health equities and eliminate health disparities; eliminate preventable disease, disability, injury, and premature death; promote social and physical environments that support good health for all; prepare for, respond to, and recover from emerging public health threats and emergencies; improve the quality of the workforce and workplace; and promote and maintain an efficient and effective organization. DPH is working toward these goals through its programmatic and operational

support activities and in collaboration with local health departments and other organizations throughout the State.

Department of Aging

The Department of Aging (CDA) administers state and federally funded home and community-based programs for older adults and some younger adults with disabilities, including developmental disabilities. The Department's Office of the State Long-Term Care Ombudsman is under state and federal mandate to respond to reports of abuse in 24-hour care facilities. To better meet the needs of an aging population with developmental disabilities, interagency agreements exist among the 33 Area Agencies on Aging and the 21 Regional Centers.

Department of Mental Health

Responsibility for children's mental health services lies with the Department of Mental Health (DMH). Programs for children include a variety of services including the Children's System of Care for Seriously Emotionally Disturbed (SED) children; and the state's Early Mental Health Initiative that serves young school age children in kindergarten through third grade (K-3) who are identified as having moderate school adjustment problems.

Department of Housing and Community Development

The Department of Housing and Community Development (HCD) guides supports and directs the public and private sector in the provision of safe affordable housing for Californians in need. Eligible individuals with developmental disabilities, or projects that serve them, are eligible to apply for many of the programs.

Department of Fair Employment and Housing

The Department of Fair Employment and Housing (DFEH) is charged with safeguarding against discrimination in the workplace or place of residence. As such, they are one of the entities who handle certain types of Americans with Disabilities Act (ADA) compliance issues.

Department of Transportation

The Department of Transportation (CALTRANS) has responsibility for implementation of the Federal Transit Authority in California. This includes the Section 5310 program for the purchase of vehicles and related equipment for specialized transportation needs of the elderly and persons with disabilities.

Many local governmental and private agencies and organizations are also involved in the service system for people with developmental disabilities. In

addition, there is an extensive network of service providers and family organizations that weave together to form the fabric of our communities; examples of such organizations are:

The ARC of California

The Arc of California monitors the implementation of legislation affecting its citizens in order to assure that the administration of these programs produces measurable benefits that reinforce the values of the association; offer programs that provide training experiences to prepare people for competitive employment in the community; secures opportunities for the people they serve to choose where and how they live and play; and advocates for and support the development of residential and recreation options.

People First of California

People First is an organization of people with developmental disabilities who are learning to work together on how to find their voice. By using different tools such as peer mentoring, they discover their true identity by living, working and making new friendships. Individuals are able to embrace their rights and responsibilities that they meet each day by making their own decisions.

BRIEF HISTORY OF THE SYSTEM

- 1964** The Legislature appointed a subcommittee to study the care for people with mental retardation in California.
- 1965** The Legislature recommended that the state accept responsibility for people with mental retardation before they enter state hospitals by establishing regional, community-based medical agencies that diagnose, counsel and offer continuing services. *13,500 people with mental retardation lived in four state hospitals.*
- 1966** The State Department of Public Health contracts with Children's Hospital of Los Angeles and San Francisco Aid to Retarded Citizens to established two pilot regional centers. *The 1965-66 budget for the two regional centers was \$966,386. They served 559 individuals.*
- 1969** Assemblymember Frank Lanterman introduced Assembly Bill 225, the Lanterman Mental Retardation Services Act, extending regional center services throughout California.
- 1973** Assemblymember Lanterman authored Assembly Bill 846 expanding the regional center mandate to include other developmental disabilities.

- 1976** Changes to the Lanterman Developmental Disabilities Services Act established the right to treatment and habilitation services for persons with developmental disabilities; includes “handicapping conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, but shall not include other handicapping conditions that are solely physical in nature.” An individualized planning process replaced the problem-oriented record. *The 1975-76 regional center budget was \$47,980,527. They served 33,833 individuals. The state hospital population is approximately 11,000.*
- 1978** California created the Department of Developmental Services.
- 1979** The system grew from 2 to 21 regional centers serving nearly 50,000 individuals. The state hospital population was approximately 9,000.
- 1981** In the case of *In Re Hop*, the California Supreme Court ruled that any adult with developmental disabilities who has been placed in a state hospital is entitled to a judicial review to determine whether he or she should remain institutionalized.
- 1983** California was approved for federal financial participation in the Home and Community Based (Medicaid) Waiver Program partially offsetting the cost of services of a select group of individuals who were placed from the state hospital or who have been “diverted” from institutionalization.
- 1985** In the *Association for Retarded Citizens v. California Department of Developmental Services et al.*, the California Supreme Court ruled that the Lanterman Act “defines a basic right and a corresponding basic obligation . . . [T]he right which it grants to the developmentally disabled person is to be provided with services that enable him to live a more independent and productive life in the community; the obligation which it imposes on the state is to provide such services.”
- 1989** Regional centers are served 92,000 individuals and their families. The state hospital (now referred to as State Developmental Center) population was approximately 6,700.
- 1992** Senate Bill 1383 (McCorquodale) expanded the range of services and supports available to consumers and families. The Lanterman Act established the right of consumers to make choices about where and with whom they would live, their relationships, the way they spend their time, and their future.

- 1993** Through a settlement in *William Coffelt et. al. v. Department of Developmental Services, et. al.* more than 2,000 residents from the state developmental centers will be placed into the community over a five-year period. California began the implementation of the California Early Intervention Services Act requiring statewide services for eligible infants and toddlers from birth to 36 months.
- 1996** Stockton Developmental Center, first opened in 1851, was closed.
- 1997** Camarillo State Hospital and Developmental Center was closed. *The 1996-97 state budget for community services was just over \$1 billion. The number of consumers receiving regional center services was 140,710.*
- 1998** The 1997-98 State Budget for community services was \$1.1 billion and regional centers served 141,975 consumers.
- 2001** Assemblymember Dion Aroner introduced Assembly Bill 896 to unify the developmental services delivery system and provide a blueprint for future community development and enhancement, ensuring that all persons with developmental disabilities are served for the long term. *The proposed 2001-02 state budget for community services is \$2 billion and regional centers served 171,430 consumers.* In *Sanchez v. Johnson*, seven people with developmental disabilities, their families, and six organizations file suit in federal court charging that chronic underfunding of community services and supports denies individuals their civil right to appropriate treatment in the least restrictive environment. The court found for the defendants, saying that Medi-Cal recipients do not have the right to take legal action against the state to enforce equal access and quality of care provisions under the federal Medicaid laws, and that California is operating an “acceptable deinstitutionalization plan”.
- 2002** Seventeen people became plaintiffs in *Capitol People First, et al v. the Department of Developmental Services, et al*, a class action lawsuit seeking freedom for Californians with developmental disabilities from unnecessary isolation and segregation in institutions and access to the services they need to live in residential neighborhoods and participate as members of the community. In 2005, the court refused to certify the suit as a class action.
- 2003** The 2003-04 Governor’s Budget directed DDS to put forth a plan to close Agnews Developmental Center by July 2005. The Legislature passed Assembly Bill 1762, changing the eligibility criterion for regional center services to significant functional limitations in three or more areas of major life activity. The previous criterion had been limitations in at least two areas.

- 2004** The closure of Agnews Developmental Center is delayed from July 2005 to July 2006. The following year's budget delays the closing an additional 12 months, to July 2007. The Legislature enacted the Family Cost Participation Program, requiring families of minors living at home to share the cost of certain services. Cost-sharing requirements apply to respite, day care and camp services.
- 2005** Regional centers served more than 200,000 individuals at an annual cost of nearly \$3 billion. Five developmental centers served approximately 3,000 people. An additional 90 people were served in the two smaller state operated community facilities serving people with significant behavioral and forensic needs.
- 2006** The Senate issued Senate Concurrent Resolution 115 (Chesbro) reaffirming the Legislature's commitment to the system of community services for people with developmental disabilities. More than 210,000 people are served by 21 regional centers at an annual cost of \$4 billion. Less than 3,000 people lived in the five state developmental centers.
- 2007** Nearly 215,000 people were served at a cost of \$4.3 billion. Approximately 2610 people lived in state developmental centers. Agnews Developmental Center in process of closing.
- 2008** Approximately 232,000 people were served at a cost of \$4.6 billion. Agnews closure date is set at June 30, 2008 and approximately 2400 people lived in state developmental centers.
- 2009** Approximately 240,000 people were served at a cost of \$4.7 billion. The Governor's Budget proposed a 3 percent payment reduction for regional centers and service providers for a savings of \$100 million, however by May the proposed budget called for the Department to work with stakeholders to achieve a total \$334 million General Fund savings. Those savings included garnering additional federal funds for day and transportation, and targeted case management services provided to residents of intermediate care facilities, quality assurance fees, continued exemptions to consumer-to-service coordinator ratios, reductions in respite care and social recreation services, reduced days of services by increasing number of required holidays, etc. The Department established a Prevention Program for infants and toddlers who do not meet the federal Early Start Program or Lanterman Act eligibility requirements and current or prospective infants and toddlers who are 'at risk' for developing a developmental disability are not eligible for Early Start services. Sierra Vista State Operated Community Facility was scheduled for closure.

2010 Approximately 243,000 people were served in the community and about 1,870 will live in state operated facilities. Sierra Vista closed and Lanterman Developmental Center was slated for closure in the future. Payment reductions are increased to 4.25%.

CONCLUSION

The State Council on Developmental Disabilities hopes that this brief of the system of services as well as priority issues identified by the community provides your administration with high level description of who is served, how they are served and what they expect from the Administration. The Council is committed to collaborating with the Administration in the challenges ahead to continuing to meet the needs of individuals with developmental disabilities and their families in a manner that is outcome oriented, efficient, and accountable for use of the taxpayer's money.